

EXHIBIT 3

<p style="text-align: right;">Page 1</p> <p style="text-align: center;">Volume III Pages 1-120 Exhibits 66-79 IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY</p> <hr/> <p>IN RE JOHNSON & JOHNSON TALCUM POWDER PRODUCTS MARKETING, MDL NO. SALES PRACTICES, AND PRODUCTS 16-2738(MAS)(RLS) LIABILITY LITIGATION</p> <hr/> <p style="text-align: center;">VIDEOCONFERENCE DEPOSITION OF JOHN GODLESKI, M.D. Friday, April 19, 2024, 8:56 a.m. MARRIOTT BOSTON - QUINCY 1000 Marriott Drive Quincy, Massachusetts 02169</p> <p style="text-align: center;">-----REPORTER: Sonya Lopes, RPR, CSR-----</p>	<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES: 2 3 Beasley Allen Law Firm 4 David P. Dearing, Esq. 5 218 Commerce Street 6 Montgomery, Alabama 36103-4160 7 334.269.2343 8 david.dearing@beasleyallen.com 9 for Plaintiffs 10 11 Anapol Weiss 12 Richard Golomb, Esq. 13 One Logan Square 14 130 N. 18th Street, Suite 1600 15 Philadelphia, Pennsylvania 19103 16 866.930.2217 17 rgolomb@anapolweiss.com 18 for Plaintiffs 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES: 2 3 Shook, Hardy & Bacon LLP 4 Mark Hegarty, Esq. 5 2555 Grand Boulevard 6 Kansas City, Missouri 64108-2613 7 816.474.6550 8 mhegarty@shb.com 9 for Defendants 10 11 Also present: Michelle Parfitt (via Zoom) 12 Gino Mecoli (via Zoom) 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 4</p> <p>1 INDEX 2 3 WITNESS: JOHN GODLESKI, M.D. 4 5 EXAMINATION BY: PAGE 6 Mr. Hegarty 7 7 8 EXHIBIT PAGE 9 Exhibit 66, invoice for work done on MDL 10 cases from January 5, 2024 11 to March 29, 2024.....8 12 Exhibit 67, plaintiffs' steering 13 committee's response and 14 objections to defendant 15 Johnson & Johnson's second 16 set of requests for the 17 production of documents to 18 John J. Godleski.....48 19 Exhibit 68, document Bates-labeled TalcMDL- 20 Godleski-000024 to 000074.....50 21 Exhibit 69, document Bates-labeled TalcMDL- 22 Godleski-000117 to 000119.....53 23 Exhibit 70, document Bates-labeled TalcMDL- 24 Godleski-000075 to 000098.....60 25</p>

Page 5	Page 6
<p>1 INDEX</p> <p>2</p> <p>3 EXHIBIT PAGE</p> <p>4 Exhibit 71, document Bates-labeled TalcMDL-</p> <p>5 Godleski-000001 to 000023.....69</p> <p>6 Exhibit 72, article titled "Identification</p> <p>7 of Foreign Particles in Human</p> <p>8 Tissues Using Raman</p> <p>9 Microscopy".....72</p> <p>10 Exhibit 73, document Bates-labeled TalcMDL-</p> <p>11 Godleski-000099 to 000116 and</p> <p>12 000120 to 000286.....84</p> <p>13 Exhibit 74, document Bates-labeled TalcMDL-</p> <p>14 Godleski-000287 to 000340.....89</p> <p>15 Exhibit 75, article by T. Emi.....92</p> <p>16 Exhibit 76, article titled "Magnesium/</p> <p>17 silicon atomic weight percent</p> <p>18 ratio standards for the tissue</p> <p>19 identification of talc by</p> <p>20 scanning electron microscopy</p> <p>21 and energy dispersive X-ray</p> <p>22 analysis".....94</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 INDEX</p> <p>2</p> <p>3 EXHIBIT PAGE</p> <p>4 Exhibit 77, article titled "Analysis of</p> <p>5 particles from hamster lungs</p> <p>6 following pulmonary talc</p> <p>7 exposures: implications for</p> <p>8 pathogenicity".....102</p> <p>9 Exhibit 78, article titled "Analytic</p> <p>10 comparison of talc in</p> <p>11 commercially available baby</p> <p>12 powder and in pelvic tissues</p> <p>13 resected from ovarian</p> <p>14 carcinoma patients".....108</p> <p>15 Exhibit 79, article titled "The effect of</p> <p>16 talc particles on phagocytes</p> <p>17 in co-culture with ovarian</p> <p>18 cancer cells".....114</p> <p>19</p> <p>20 *Exhibits returned to Mr. Hegarty</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
Page 7	Page 8
<p>1 JOHN GODLESKI, M.D.,</p> <p>2 having been satisfactorily identified by means of a</p> <p>3 driver's license, was duly sworn by the notary</p> <p>4 public, examined, and testified as follows:</p> <p>5 EXAMINATION</p> <p>6 BY MR. HEGARTY:</p> <p>7 Q. Good morning, Dr. Godleski.</p> <p>8 A. Good morning.</p> <p>9 Q. As we typically do, would you just start by</p> <p>10 stating your full name?</p> <p>11 A. John Godleski.</p> <p>12 Q. Dr. Godleski, again, my name's Mark</p> <p>13 Hegarty. I represent Johnson & Johnson in this</p> <p>14 case. We're here today to continue your MDL</p> <p>15 deposition from where we left off on March 29, 2024.</p> <p>16 That was three weeks ago.</p> <p>17 Have you made any further amendments to or</p> <p>18 otherwise revised any of your reports in the five</p> <p>19 cases we discussed on March 28th and 29th?</p> <p>20 A. No.</p> <p>21 Q. Have you done any additional work on the</p> <p>22 five cases we discussed on March 28th and March 29th</p> <p>23 since we were last together on those two days?</p> <p>24 A. Not really. I billed for the time up to</p> <p>25 and including those two days of deposition.</p>	<p>1 Q. Did you prepare an invoice for that time?</p> <p>2 A. Yes.</p> <p>3 Q. Have you sent the invoices out?</p> <p>4 A. Yes.</p> <p>5 Q. Did you bring copies of the invoices?</p> <p>6 A. I have it right here.</p> <p>7 Q. Thank you.</p> <p>8 MR. HEGARTY: I'm going to mark as</p> <p>9 Exhibit 66 what you just handed me, Dr. Godleski.</p> <p>10 (Invoice for work done on MDL cases from</p> <p>11 January 5, 2024 to March 29, 2024, Exhibit 66,</p> <p>12 marked)</p> <p>13 Q. And tell me what Exhibit 66 is.</p> <p>14 A. Exhibit 66 is the invoice for work done on</p> <p>15 the MDL cases from January 5, 2024 to March 29,</p> <p>16 2024.</p> <p>17 Q. Thank you. Can I have it back, please?</p> <p>18 Have you spent any additional time on the MDL cases</p> <p>19 since March 29, 2024?</p> <p>20 A. Maybe half-hour to an hour in preparation</p> <p>21 for today.</p> <p>22 Q. Have you received the amount invoiced in</p> <p>23 Exhibit 66?</p> <p>24 A. I have.</p> <p>25 Q. Thank you. Did you bring any other</p>

<p style="text-align: right;">Page 9</p> <p>1 materials with you to today's deposition?</p> <p>2 A. I have -- well, not as applies to the MDL</p> <p>3 cases.</p> <p>4 Q. Okay.</p> <p>5 MR. DEARING: These are documents</p> <p>6 responsive to your notice for the next deposition.</p> <p>7 A. To the most recent.</p> <p>8 Q. For purposes of the MDL deposition, did you</p> <p>9 bring any other materials with you?</p> <p>10 A. No.</p> <p>11 Q. Did you go back and review your testimony</p> <p>12 from either -- I'm sorry. Start again.</p> <p>13 Did you go back and review your testimony</p> <p>14 in the MDL from either the March 29 -- March 28 or</p> <p>15 March 29 dates?</p> <p>16 A. I looked at the notes that I made of what</p> <p>17 you asked me to search for, and I searched for and</p> <p>18 didn't find anything more.</p> <p>19 Q. Do you recall what it is you searched for?</p> <p>20 A. No. Not right now.</p> <p>21 Q. As far as the testimony goes, did you</p> <p>22 receive the transcripts and review any of the</p> <p>23 transcripts?</p> <p>24 A. No, I have not.</p> <p>25 Q. Reflecting on your testimony, did you come</p>	<p style="text-align: right;">Page 10</p> <p>1 up with anything that you recalled that you wanted</p> <p>2 to modify or revise or that you believe was</p> <p>3 inaccurate?</p> <p>4 A. No.</p> <p>5 Q. Has there been any change in your work</p> <p>6 activities in the last three weeks?</p> <p>7 A. No.</p> <p>8 Q. Any change in the number of hours you're</p> <p>9 working?</p> <p>10 A. No.</p> <p>11 Q. You mentioned that any additional work you</p> <p>12 did since March 29th for the MDL may have amounted</p> <p>13 to a half an hour or an hour to prepare for today's</p> <p>14 deposition. What did you do for that half an hour</p> <p>15 or hour?</p> <p>16 A. Just looked over the notes that I had, did</p> <p>17 some looking for some of the notes that I had where</p> <p>18 there were questions of materials that you were</p> <p>19 asking for that I didn't find previously and I still</p> <p>20 didn't find. That was pretty much it.</p> <p>21 Q. Other than the looking for the notes and</p> <p>22 looking over your notes, did you review any</p> <p>23 documents or medical literature to prepare for</p> <p>24 today's deposition?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 11</p> <p>1 Q. Did you meet with counsel for plaintiffs to</p> <p>2 prepare for today's deposition?</p> <p>3 A. We had dinner last night.</p> <p>4 Q. When you say "we," who is "we"?</p> <p>5 A. Myself and Mr. Dearing and Mr. Golomb.</p> <p>6 Q. Did you have any discussions about today's</p> <p>7 deposition at that dinner meeting last night?</p> <p>8 A. I'm sorry?</p> <p>9 Q. Did you have any discussion about today's</p> <p>10 deposition at that dinner, without telling me what</p> <p>11 you talked about? Just "yes" or "no."</p> <p>12 A. Yes.</p> <p>13 Q. Other than that dinner meeting you had with</p> <p>14 Mr. Dearing and Mr. Golomb last night, did you meet</p> <p>15 or otherwise talk with counsel for plaintiffs to</p> <p>16 prepare for today's deposition in the last three</p> <p>17 weeks?</p> <p>18 A. Not really. A couple of minutes this</p> <p>19 morning but really -- didn't really cover anything.</p> <p>20 Q. I have a few additional questions regarding</p> <p>21 some of the individual plaintiffs we discussed three</p> <p>22 weeks ago.</p> <p>23 First, as to Ms. Gallardo -- and I will</p> <p>24 hand you back your report that we marked as</p> <p>25 Exhibit 5 for Ms. Gallardo.</p>	<p style="text-align: right;">Page 12</p> <p>1 MR. HEGARTY: Dave, I didn't bring an</p> <p>2 extra copy.</p> <p>3 MR. DEARING: I'm familiar.</p> <p>4 Q. You testified when we were last together</p> <p>5 that you did review her slides for endometriosis.</p> <p>6 Do you remember telling me that?</p> <p>7 A. Yes.</p> <p>8 Q. Tell me, what is your methodology or what</p> <p>9 was your methodology in Gallardo for reviewing her</p> <p>10 slides for endometriosis? That is, what did you do?</p> <p>11 A. Looked at them under the light microscope,</p> <p>12 looking for areas with endometrial glands and stroma</p> <p>13 outside of the -- in sections outside of the uterus</p> <p>14 and endometrium.</p> <p>15 Q. Did you review all of the slides that you</p> <p>16 had by PLM for indications of endometriosis?</p> <p>17 A. I believe so.</p> <p>18 Q. Is it your typical methodology to review</p> <p>19 all the slides that you have in a case like Gallardo</p> <p>20 for endometriosis?</p> <p>21 A. In instances where there's an endometrial</p> <p>22 -- endometrioid carcinoma, yes.</p> <p>23 Q. In cases where you have a diagnosis, where</p> <p>24 you're looking at a patient with a diagnosis of</p> <p>25 endometrial carcinoma, do you always look at all of</p>

Page 13	Page 14
<p>1 the slides you have using PLM for endometriosis?</p> <p>2 A. No, not -- you wouldn't be using PLM for</p> <p>3 endometriosis.</p> <p>4 Q. I'm sorry. I misspoke. You use normal</p> <p>5 light microscopy.</p> <p>6 A. Normal light microscopy.</p> <p>7 Q. Let me go back. When you have a patient</p> <p>8 who has a diagnosis of endometrioid carcinoma, do</p> <p>9 you always look at all of the slides that you have</p> <p>10 by regular microscopy, regular microscope, for</p> <p>11 endometriosis?</p> <p>12 A. Yes.</p> <p>13 Q. With regard to Ms. Gallardo, do you have</p> <p>14 any documentation of your review of her slides for</p> <p>15 endometriosis?</p> <p>16 A. We have pictures of the findings of the</p> <p>17 case, which we have provided to you, light</p> <p>18 micrographs of them. And none of those show</p> <p>19 evidence of endometriosis. And if it were there, we</p> <p>20 would have taken a picture.</p> <p>21 Q. Other than the photographs that you take,</p> <p>22 the photomicrographs, do you otherwise document --</p> <p>23 did you otherwise document your review of</p> <p>24 Ms. Gallardo's slides for endometriosis by preparing</p> <p>25 notes or otherwise document what you were doing?</p>	<p>1 A. Generally, if we say in the report there</p> <p>2 was none -- which I believe we did -- then that's</p> <p>3 the documentation.</p> <p>4 Q. Please look at your report. I looked</p> <p>5 particularly at page 2. Tell me if you did make any</p> <p>6 note in your report of whether Ms. Gallardo's slides</p> <p>7 had endometriosis.</p> <p>8 A. I'm sorry. I was --</p> <p>9 Q. Please review your report. I did not see</p> <p>10 where there's a reference to confirming or reviewing</p> <p>11 the slides for endometriosis. Please let me know if</p> <p>12 you can see where that was noted in your report.</p> <p>13 A. I don't see that we did.</p> <p>14 Q. Was it your normal practice based on your</p> <p>15 recollection to make note of reviewing, in a case</p> <p>16 involving endometrioid carcinoma, the slides for</p> <p>17 endometriosis and what you found?</p> <p>18 A. Yes.</p> <p>19 Q. But did you not do that here?</p> <p>20 A. I didn't -- doesn't seem I put it in the</p> <p>21 report.</p> <p>22 Q. Are you able to recall, sitting here today,</p> <p>23 your review of Ms. Gallardo's slides for</p> <p>24 endometriosis?</p> <p>25 A. I'm quite sure that I did.</p>
Page 15	Page 16
<p>1 Q. Is that -- my question's a little bit</p> <p>2 different than that. Do you have a specific memory</p> <p>3 in the Gallardo case back in 2021 of reviewing her</p> <p>4 slides for endometriosis?</p> <p>5 A. No.</p> <p>6 Q. You said you're sure you did because that</p> <p>7 -- as you indicated, your methodology is when you</p> <p>8 have a patient with an endometrioid adenocarcinoma,</p> <p>9 you always look for endometriosis.</p> <p>10 A. That's correct.</p> <p>11 Q. You mentioned that when you do a slide</p> <p>12 review for endometriosis, that you're looking for</p> <p>13 endometrial glands and stroma.</p> <p>14 A. Yes.</p> <p>15 Q. Is there a particular textbook that you</p> <p>16 rely on or are familiar with that describes what</p> <p>17 endometriosis looks like by regular microscopy?</p> <p>18 A. Almost every pathology textbook does.</p> <p>19 Q. Do you have a favorite pathology textbook?</p> <p>20 A. Robbins and Cotran but -- I'm sure it's</p> <p>21 described in there.</p> <p>22 Q. Had you ever published on your review of</p> <p>23 slides in patients involving endometrioid</p> <p>24 adenocarcinoma where you're looking at</p> <p>25 endometriosis?</p>	<p>1 A. No.</p> <p>2 Q. Have you ever published any articles that</p> <p>3 describe endometriosis or your review of</p> <p>4 endometriosis on slides?</p> <p>5 A. No.</p> <p>6 Q. Same question as to patients with clear-</p> <p>7 cell adenocarcinoma. Have you ever published</p> <p>8 anything where you're commenting on reviewing</p> <p>9 patients with clear-cell carcinoma for the presence</p> <p>10 of endometriosis?</p> <p>11 A. I'm not sure. I would have to -- I didn't</p> <p>12 go back and review the cases that we talked about</p> <p>13 that we published to see how many of those were</p> <p>14 endometrioid and if we, in fact, in the papers</p> <p>15 mentioned endometriosis.</p> <p>16 Q. When you have reviewed slides or -- strike</p> <p>17 that.</p> <p>18 In connection with your publishing of</p> <p>19 papers where you're reviewing tissue for particles</p> <p>20 including talc, in those instances where you had a</p> <p>21 patient with endometrioid carcinoma or clear-cell</p> <p>22 carcinoma, did you always look for the presence of</p> <p>23 endometriosis?</p> <p>24 A. Yes. We look at the tumor, document the</p> <p>25 tumor, compare it to what's in the pathology report.</p>

<p style="text-align: right;">Page 17</p> <p>1 If the pathology report says there's no 2 endometriosis or doesn't mention endometriosis, we 3 would still look for it. 4 Q. Other than your publications that discuss 5 your review of particles in tissue, do you recall 6 any other publications of yours where you're 7 commenting on looking for endometriosis in patients 8 with either endometrioid or clear-cell 9 adenocarcinoma? 10 A. No. 11 Q. Prior to getting involved in litigation 12 involving claims of ovarian cancer from talcum 13 powder exposure, how many times a month did you 14 review slides for endometriosis? 15 A. In the first five years of my career, I was 16 at Medical College of Pennsylvania, which was also 17 known as Women's Medical College. And a lot of our 18 -- a lot of our surgical pathology was 19 gynecological. And so in that period of time, it 20 would be fairly frequent. 21 Once I went to Brigham and Women's Hospital 22 where I was recruited to be the pulmonary 23 pathologist, I was not doing gynecologic pathology. 24 Q. Do you recall ever reviewing tissue for the 25 presence of endometriosis between when you became</p>	<p style="text-align: right;">Page 18</p> <p>1 the head of pulmonary pathology at Brigham and 2 Women's and when you started working on cases 3 involving talcum powder use and ovarian cancer -- in 4 that stretch of time -- do you recall ever reviewing 5 slides for endometriosis? 6 A. No. That wouldn't be something that I 7 would do. 8 Q. Since you started working on cases 9 involving talcum powder use and ovarian cancer, 10 outside of your review of cases involving 11 endometrioid and clear-cell adenocarcinoma -- that 12 is, your normal work practice -- have you reviewed 13 slides for endometriosis? 14 A. Some of the work that I've done in 15 collaboration with Dr. Cramer involved me looking at 16 his cases that had various ovarian tumors. And if 17 there was an endometrioid carcinoma in that group, 18 it's likely that I also looked for endometriosis in 19 those. 20 Q. When you say "his cases," are you talking 21 about cases that he's working on to prepare a paper 22 or litigation cases? 23 A. Paper -- cases that either he was working 24 on for a paper or that we were working on and that I 25 was working on and using his cases as -- for the</p>
<p style="text-align: right;">Page 19</p> <p>1 studies. So not litigation cases but Brigham and 2 Women's Hospital patients that were -- where he had 3 defined the exposure to talc. 4 Q. Can you estimate how many of those cases 5 there were? 6 A. Maybe 20 or 30. 7 Q. Since your initial five years where you 8 were -- of work where you were involved in 9 gynecologic pathology, since that time, how many 10 cases of endometrioid adenocarcinoma have you 11 diagnosed as a pathologist? 12 A. As a primary diagnosis for looking at the 13 case as a pathologist at Brigham and Women's 14 Hospital? 15 Q. Yes, Doctor. 16 A. None. 17 Q. None? 18 A. None. 19 Q. Same question as to clear-cell carcinoma. 20 A. None. 21 Q. Endometriosis can be obscured or 22 obliterated by the cancer itself. Is that a fair 23 statement? 24 A. Within -- if the endometriosis was in the 25 ovary and the cancer was in the ovary and the cancer</p>	<p style="text-align: right;">Page 20</p> <p>1 caused necrosis of both -- there was necrosis of the 2 tumor as well as some surrounding ovarian tissue, 3 that's one way where it could be obscured. 4 Q. Do you agree that not finding endometriosis 5 after cancer diagnosis in surgery does not rule out 6 that the patient had an endometrioid carcinoma or 7 clear-cell carcinoma that arose out of 8 endometriosis? 9 A. Generally by not -- generally, there's not 10 just one small focus of endometriosis in an ovary 11 that becomes malignant. Generally, if there's 12 endometriosis, you're going to see it in more than 13 one location so that it would be exceedingly rare to 14 have an instance where there's one single focus of 15 endometriosis in the ovary that becomes malignant so 16 that I think the answer to your question is that 17 that would be exceedingly, exceedingly rare. 18 Q. You did mention, though, a moment ago that 19 you could have a case of endometrioid 20 adenocarcinoma, clear-cell carcinoma that 21 obliterated or obscured existing endometriosis. In 22 such a case, you couldn't rule out that there was 23 endometriosis that preceded the cancer; correct? 24 MR. DEARING: Objection. Form. 25 A. Again, you're talking about an exceedingly,</p>

<p style="text-align: right;">Page 21</p> <p>1 exceedingly rare situation. That is possible, but 2 the chances are -- of this being something that 3 would be found -- it's just so rare that it would be 4 reportable. 5 Q. When you do a review of slides for 6 endometriosis, you're only able to review what -- 7 the portion of tissue that the slides represent; 8 right? 9 A. That's correct. 10 Q. So you're not looking at all the tissue 11 that's removed from the patient's -- removed as part 12 of the patient's surgery; correct? 13 A. That's correct. 14 Q. Certainly is possible, do you agree, that 15 there can be endometriosis in tissue from which 16 slides were not made? 17 A. Well, what you're suggesting is that an 18 incompetent pathologist failed to see a focus of 19 endometriosis and sample it. And generally, it's 20 not that you find endometriosis on a random sample. 21 It's because you see a small discoloration, either a 22 brownish color from old blood or a focus of blood, 23 that you then sample and take a section of. And 24 that's the basis of finding the endometriosis. 25 So it's actually a two-step process. One</p>	<p style="text-align: right;">Page 22</p> <p>1 is, in taking the section, looking carefully, 2 grossly at the tissue and then also seeing what's 3 taken under the microscope. 4 So these are not random sections. These 5 would be directed sections, and you're suggesting 6 not seeing that. That possibility would be really 7 an incompetent pathologist. 8 Q. Is endometriosis always visible on gross 9 examination? 10 A. Not always. But very often there can be 11 obvious findings or fairly subtle findings that most 12 pathologists are trained to be able to spot. 13 Q. If there is no gross evidence of 14 endometriosis, wouldn't you have to have taken a 15 slide from the portion of the tissue where there is 16 endometriosis to be able to see it? 17 A. Yeah. But, again, you're -- what you're 18 sampling -- and most of these cases have fairly 19 extensive sampling. You know, they have 30, 50 20 slides on them. And that's more than enough to be 21 able to detect something that may be there randomly 22 and not visible to the naked eye. 23 But generally, even a very small focus of 24 brown discoloration would be something worth 25 sampling, especially -- and in most cases, the</p>
<p style="text-align: right;">Page 23</p> <p>1 pathologist has either done a frozen section or 2 there's previous evidence that the underlying 3 diagnosis is endometrioid cancer. 4 Q. Do you agree, though, that a diagnosis of 5 endometrioid carcinoma -- as in Ms. Gallardo -- is 6 at least consistent with endometriosis-associated 7 endometrioid carcinoma? 8 MR. DEARING: Objection. Form. 9 Q. You can answer. 10 A. Ask that again. 11 Q. Sure. Do you agree that a finding -- as in 12 Ms. Gallardo -- of poorly differentiated 13 endometrioid adenocarcinoma, as you confirmed in 14 your report, is at least consistent with an 15 endometriosis-associated endometrioid carcinoma? 16 MR. DEARING: Objection. Form. 17 A. It's true those two are associated. But at 18 the same time, in Ms. Gallardo, where we have an 19 enormous number of amounts of talc in the case, the 20 possibility of -- if there even were endometriosis, 21 the overwhelming amount of talc here certainly 22 suggests talc having a very significant role in the 23 development of her cancer. 24 Q. Do you recall mentioning, though, last time 25 we were together that if you would have a case of</p>	<p style="text-align: right;">Page 24</p> <p>1 endometrioid adenocarcinoma and you would see 2 endometriosis that you would question whether this 3 is a case that should be pursued? Do you remember 4 telling me that? 5 A. Yes. And I still stand by that statement. 6 But in this particular case where there's an 7 overwhelming amount of talc present, I mean, you 8 can't ascribe her cancer to some other cause. 9 Q. I want to show you next a pathology report 10 we marked -- 11 MR. HEGARTY: I do have an extra copy of 12 this one, David. 13 Q. -- for Ms. Gallardo. It was Exhibit 3 -- 14 is Exhibit 3, Dr. Godleski, the pathology report for 15 Ms. Gallardo's case? 16 A. Yes. 17 Q. Looking at the first page, under the 18 section "uterus," slash -- "uterus," comma, 19 "hysterectomy," do you see there's a finding of 20 adenomyosis? 21 A. Yes. 22 Q. Are you aware of studies showing that 23 adenomyosis has been shown to be associated with 24 endometriosis? 25 MR. DEARING: Objection. Form.</p>

Page 25

1 A. Some people go so far as to say that
2 adenomyosis is a form of endometriosis. But it's
3 confined to the muscle of the uterus so that it's
4 generally not considered evidence of endometriosis
5 outside of the uterus. That's why it has the name
6 "adenomyosis," because it's a distinct histologic
7 pattern of glands extending down into the uterine
8 muscle.
9 Q. As part of your analysis of Ms. Gallardo's
10 tissues, did you do any research on adenomyosis and
11 endometriosis?
12 A. Did I do any --
13 Q. Sure. As part of your work on the Gallardo
14 case, when you saw adenomyosis or otherwise, did you
15 do any research of literature discussing adenomyosis
16 and endometriosis?
17 A. Not specifically. This is pretty much
18 accepted knowledge.
19 Q. Staying in the same part of the report. It
20 also refers to Ms. Gallardo having a uterine polyp
21 and weakly proliferative endometrium. Do you see
22 that?
23 A. Yes.
24 Q. Are you aware of literature discussing that
25 women with endometriosis are more likely to have

Page 27

1 endometriosis?
2 MR. DEARING: Objection. Form.
3 A. Endometriosis can cycle with the menstrual
4 -- with the woman's menstrual cycle. And so
5 estrogen plays a role in all of that.
6 Q. Do you know whether exogenous estrogen used
7 by women after they're in menopause can drive
8 endometriosis?
9 A. I haven't really looked at that question.
10 Q. You can put that aside. Next, as to
11 Ms. Newsome, I'm going to show you what we marked
12 previously as Exhibit 12. That's your report for
13 Ms. Newsome. Is Exhibit 12 your report for
14 Ms. Newsome, Dr. Godleski?
15 A. Yes.
16 Q. If you look at the second page, you can see
17 that -- just as Ms. Gallardo was -- Ms. Newsome was
18 diagnosed with endometrioid carcinoma. Do you see
19 that?
20 A. Yes.
21 Q. Did you review her slides for
22 endometriosis?
23 A. Yes.
24 Q. Do you have a memory -- specific memory
25 sitting here today of reviewing her slides for

Page 26

1 endometrial polyps and increased cellular
2 proliferation of the endometrium?
3 MR. DEARING: Objection to form.
4 A. I haven't specifically looked at that.
5 Q. Are chronic pain in the pelvis or lower
6 back and infertility associated with endometriosis?
7 A. Yes. Pain can be associated with
8 endometriosis.
9 Q. How about infertility? Are you aware of
10 any association between infertility and
11 endometriosis?
12 A. That's -- that can also be part of the
13 reason for infertility.
14 Q. I believe you told me that you didn't
15 review any other records for Ms. Gallardo besides
16 what you're looking at, the pathology report.
17 A. That's correct.
18 Q. Do you know whether Ms. Gallardo had pelvic
19 or back pain or infertility prior to her diagnosis
20 of endometrioid adenocarcinoma?
21 A. No. But those symptoms are not specific to
22 endometriosis. They can be a number of other
23 things, including ovarian tumors and all that goes
24 with it.
25 Q. Is estrogen a known driver of

Page 28

1 endometriosis?
2 A. Not specifically, but I'm sure that I did.
3 Q. Do you describe anywhere in your report for
4 Ms. Newsome whether or not she had endometriosis in
5 the slides you reviewed?
6 A. In a quick look through the -- it doesn't
7 appear that I did.
8 Q. Outside of the report -- and you told me a
9 short time ago you would have the photomicrographs
10 -- do you have any other documentation of your
11 review of her slides for endometriosis?
12 A. No. It would be in the report.
13 Q. The only records you reviewed for
14 Ms. Newsome was the pathology report; is that right?
15 A. Yes.
16 Q. Is the finding of adhesions during the
17 surgery of -- for a patient who has endometrioid
18 carcinoma consistent with the patient having
19 endometriosis?
20 MR. DEARING: Objection. Form.
21 A. Not necessarily. Adhesions can develop
22 with endometriosis, but there are other reasons for
23 adhesions that do not involve endometriosis.
24 Q. You mentioned, though, that ad --
25 endometriosis can cause adhesions in the pelvis;

Page 29	Page 30
<p>1 correct?</p> <p>2 A. Yes.</p> <p>3 Q. In Ms. Newsome's case where you reported</p> <p>4 finding a total of 31 talc particles -- that's over</p> <p>5 on page 3 of your report at the bottom --</p> <p>6 A. Yes.</p> <p>7 Q. -- if you did find endometriosis in her</p> <p>8 situation, would this be a case that you would</p> <p>9 question whether it should go forward?</p> <p>10 MR. DEARING: Objection. Form.</p> <p>11 A. No.</p> <p>12 Q. Is that because of the volume of talc you</p> <p>13 found?</p> <p>14 A. Again, yes. If we find 30 or 31 particles</p> <p>15 within a single plane or section, you know, that</p> <p>16 multiplies by 500 or more. And you really get very</p> <p>17 big numbers. You can see the particles in the</p> <p>18 histologic section. We're then looking at a</p> <p>19 different plane of the same tissue by SEM. We're</p> <p>20 only looking at a 2-micron-thick plane. And if we</p> <p>21 find 30 particles within the blocks, that's a</p> <p>22 substantial amount.</p> <p>23 Q. Why does the volume of talc you found in</p> <p>24 Ms. Newsome and that you found in Ms. Gallardo have</p> <p>25 any effect on your thinking about whether the tumor</p>	<p>1 was a talc-associated tumor or the tumor was an</p> <p>2 endometriosis-associated tumor, that is, assuming</p> <p>3 that there was endometriosis? Do you follow my</p> <p>4 question? Let me start over again.</p> <p>5 In Ms. Newsome's case, if you did find</p> <p>6 endometriosis -- it's a hypothetical -- why would</p> <p>7 the number of talc particles have an effect on your</p> <p>8 opinion as to whether the endometrioid carcinoma</p> <p>9 arose out of the endometriosis or was because of the</p> <p>10 talc use?</p> <p>11 A. Well, in fact, it would be almost</p> <p>12 impossible to know for sure. But the fact that we</p> <p>13 have more than enough talc particles to cause the</p> <p>14 tumor suggests that they played a role in it,</p> <p>15 perhaps along with the endometriosis.</p> <p>16 If there's obvious endometriosis and few or</p> <p>17 no talc particles, that would be a case that would</p> <p>18 be unlikely to go forward. But when you have a lot,</p> <p>19 it's very possible that the two processes are acting</p> <p>20 synergistically.</p> <p>21 Q. When you say "synergistically," what do you</p> <p>22 mean?</p> <p>23 A. Both the talc as well as the endometriosis</p> <p>24 -- or perhaps even the presence of talc is enhancing</p> <p>25 the response of endometriosis toward malignancy.</p>
Page 31	Page 32
<p>1 Q. Can you cite for me any literature that you</p> <p>2 would rely on to testify in any particular case?</p> <p>3 A. No one has studied that.</p> <p>4 Q. What's that?</p> <p>5 A. No one has studied that.</p> <p>6 Q. You can put that report for Ms. Newsome</p> <p>7 aside. I want to next show you the report that we</p> <p>8 marked as Exhibit 42 for Ms. Converse.</p> <p>9 If you look over at page 2, Ms. Converse</p> <p>10 was diagnosed with -- if I can find it here --</p> <p>11 clear-cell carcinoma; correct?</p> <p>12 A. Yes.</p> <p>13 Q. I believe you told me that you also, in a</p> <p>14 case involving clear-cell carcinoma, look for the</p> <p>15 presence of endometriosis; correct?</p> <p>16 A. Yes.</p> <p>17 Q. Did you in the case of Ms. Converse review</p> <p>18 her slides for endometriosis?</p> <p>19 A. I'm sure I did.</p> <p>20 Q. Do you have a specific memory here today of</p> <p>21 reviewing her slides for endometriosis?</p> <p>22 A. Not specifically.</p> <p>23 Q. When you say you're sure you did, is that</p> <p>24 because your methodology is -- in a case like hers</p> <p>25 where there's a diagnosis of clear-cell carcinoma,</p>	<p>1 you always review the slides for endometriosis?</p> <p>2 A. Yes.</p> <p>3 Q. Did you make reference in your report to</p> <p>4 your review of her slides for endometriosis?</p> <p>5 A. It doesn't appear that we did.</p> <p>6 Q. Other than the photomicrographs that you</p> <p>7 took, do you have any other documentation of any</p> <p>8 analysis you did of Ms. Converse's slides for</p> <p>9 endometriosis?</p> <p>10 A. Not that I know of.</p> <p>11 Q. In Ms. Converse's case, you only reviewed</p> <p>12 the pathology report -- is that correct --</p> <p>13 A. Yes.</p> <p>14 Q. -- and her medical records?</p> <p>15 A. I want to show you what we marked as</p> <p>16 Exhibit 40 the last time, which is the pathology</p> <p>17 report for Ms. Converse.</p> <p>18 If you look over at the -- at page 3 of 4,</p> <p>19 Dr. Godleski, do you see where the frozen section</p> <p>20 description, which is about two thirds down, says</p> <p>21 "adenocarcinoma favor high-grade endometrioid"? Do</p> <p>22 you see that section?</p> <p>23 A. Yes.</p> <p>24 Q. From your experience, does clear-cell and</p> <p>25 endometrioid look similar on frozen section?</p>

Page 33	Page 34
<p>1 A. They could.</p> <p>2 Q. Ultimately, though, the diagnosis was</p> <p>3 clear-cell carcinoma; correct?</p> <p>4 A. Yes.</p> <p>5 Q. Is a diagnosis of clear-cell carcinoma with</p> <p>6 an initial frozen section indication of high-grade</p> <p>7 endometrioid at least consistent with a case where</p> <p>8 you have endometriosis-associated cancer?</p> <p>9 MR. DEARING: Objection. Form.</p> <p>10 A. No. I think the -- actually, in terms of</p> <p>11 this frozen section diagnosis, it's -- the diagnosis</p> <p>12 is adenocarcinoma. And favoring high-grade</p> <p>13 endometrioid isn't really a hard-and-fast diagnosis.</p> <p>14 It's more or less a suggestion.</p> <p>15 But the fact that endomet -- or clear-cell</p> <p>16 is considered a variant of endometrioid, one would</p> <p>17 look for endometriosis in those cases.</p> <p>18 Q. You agree -- because of your methodology --</p> <p>19 that when you do have a case of clear-cell carcinoma</p> <p>20 or endometrioid carcinoma that you suspect that</p> <p>21 there could be endometriosis in the tissue.</p> <p>22 A. We would look for it, yes.</p> <p>23 MR. DEARING: Objection. Form.</p> <p>24 Q. In Ms. Converse's case, if you look at your</p> <p>25 report over on page 4, you found a total of 4 talc</p>	<p>1 particles for her.</p> <p>2 A. Yes.</p> <p>3 Q. Please let me know when you've confirmed</p> <p>4 that. Do you see that?</p> <p>5 A. Yes.</p> <p>6 Q. In the case of Ms. Converse, only finding</p> <p>7 four talc particles, if you did find endometriosis</p> <p>8 in her tissue, would you question whether this is a</p> <p>9 case that should go forward?</p> <p>10 MR. DEARING: Objection. Form.</p> <p>11 A. More likely, yes.</p> <p>12 Q. We've been talking about your review of</p> <p>13 particles in tissue as to the five cases -- five MDL</p> <p>14 cases. You also did that same review for some of</p> <p>15 the -- some of your publications; correct?</p> <p>16 A. Yes.</p> <p>17 Q. Did you use the same methodology in your</p> <p>18 review of the five cases as you did in the</p> <p>19 publications where you were describing your review</p> <p>20 or where you did your review of tissue -- particles</p> <p>21 -- tissue for particles -- let me start over again.</p> <p>22 In the publications of yours, did you apply</p> <p>23 the same methodology that you did in reviewing --</p> <p>24 let me start over again as well.</p> <p>25 In your publications where you talk about</p>
Page 35	Page 36
<p>1 reviewing patients' tissues for particles, did you</p> <p>2 apply the same methodology that you did in the five</p> <p>3 cases we've been talking about for the MDL?</p> <p>4 A. Yes.</p> <p>5 Q. In particular, for your publications, did</p> <p>6 you confirm in each case of a patient the diagnosis</p> <p>7 of ovarian cancer?</p> <p>8 A. Yes.</p> <p>9 Q. In each of the cases that you comment on in</p> <p>10 your publications, did you obtain the original</p> <p>11 pathology tissue?</p> <p>12 A. Yes.</p> <p>13 Q. Did you make recuts in every situation?</p> <p>14 A. Wait a minute.</p> <p>15 MR. DEARING: Objection.</p> <p>16 Q. Let me go back. Sounds like you didn't</p> <p>17 understand. Let me start over again.</p> <p>18 A. Okay.</p> <p>19 Q. In your publications where you're reviewing</p> <p>20 the tissue of patients for particles, did you obtain</p> <p>21 the original pathology in each case?</p> <p>22 MR. DEARING: Can I just ask for a point</p> <p>23 of clarification? Are you talking about all of his</p> <p>24 publications in his career?</p> <p>25 MR. HEGARTY: I'm talking about the</p>	<p>1 publications where he's looking at reproductive</p> <p>2 tract tissue for the presence of particles, really</p> <p>3 the publications in the last four, five years.</p> <p>4 MR. DEARING: He's been doing it since</p> <p>5 the early '80s, so.</p> <p>6 MR. HEGARTY: Understood.</p> <p>7 Q. But my questions are specifically as it</p> <p>8 relates to your more recent publications where</p> <p>9 you're looking at reproductive tissue for particles.</p> <p>10 And in all those cases, do you always get</p> <p>11 the original pathology or -- did you always get the</p> <p>12 original pathology?</p> <p>13 A. No. We more often have recuts in cases</p> <p>14 that have come from other hospitals. In cases that</p> <p>15 were Brigham and Women's Hospital cases that were</p> <p>16 part of publications, there, we were looking at</p> <p>17 original slides because we had access to them,</p> <p>18 whereas the cases that come as consults -- whether</p> <p>19 from legal matters or as other consults -- more</p> <p>20 often than not you get recuts.</p> <p>21 Q. In your publications, whether they came as</p> <p>22 consults -- regular consults or came as legal</p> <p>23 consults, how did you go about obtaining either the</p> <p>24 original pathology or the recuts? Who obtained that</p> <p>25 for you?</p>

Page 37	Page 38
<p>1 A. If they're legal cases, they came from law</p> <p>2 firms. If they were consults, they may have come</p> <p>3 from pathologists.</p> <p>4 Q. If they were consults that came from</p> <p>5 pathologists, did you get any type of informed</p> <p>6 consent or release from the patients as part of your</p> <p>7 publications?</p> <p>8 A. Brigham cases always have consent for</p> <p>9 publication of the case. It's part of the general</p> <p>10 consent forms that the patients sign. In the case</p> <p>11 of the legal cases, we did not go to the people or</p> <p>12 their relatives to get specific public -- permission</p> <p>13 for publication.</p> <p>14 Q. Do you know whether anyone got, from legal</p> <p>15 consult cases, consent or permission to comment on</p> <p>16 their tissues in your publications?</p> <p>17 A. No. But at the same time, those were</p> <p>18 de-identified completely so that, in fact, many of</p> <p>19 the hours spent in this effort was because you</p> <p>20 wanted to know what the billings were for any legal</p> <p>21 cases. And re-linking them was not easy even for us</p> <p>22 to do so that, for anybody else, being able to</p> <p>23 identify these cases would be near impossible.</p> <p>24 Q. My question, though -- I think you answered</p> <p>25 it originally -- was simply whether, if you know, if</p>	<p>1 in the legal consult cases, whether any</p> <p>2 authorization was consent -- or consent was obtained</p> <p>3 for their tissues to be described in your</p> <p>4 publications.</p> <p>5 A. No, not to my knowledge.</p> <p>6 Q. In any of your -- for any of your</p> <p>7 publications, did you seek IRB review or approval</p> <p>8 for your protocols?</p> <p>9 A. Yes. Yes.</p> <p>10 Q. For all of the publications involving</p> <p>11 talcum powder -- review of tissues for talc?</p> <p>12 A. We had IRB approval from the Brigham where</p> <p>13 we used -- Brigham cases were in any way part of the</p> <p>14 study. In those instances where we were doing</p> <p>15 either in vitro or animal studies, which are some of</p> <p>16 the work that we published, we did not need to have</p> <p>17 the human studies approval for those.</p> <p>18 Q. But if you used a Brigham and Young</p> <p>19 (verbatim) patient -- patient's tissue as a</p> <p>20 reference in your publications, that was through IRB</p> <p>21 approval?</p> <p>22 A. That was IRB approval that Dr. Cramer had.</p> <p>23 Q. As to the patients who you comment on in</p> <p>24 your publications, as it relates to your review of</p> <p>25 their tissues for talcum powder use, do you still</p>
Page 39	Page 40
<p>1 have any of the slides that were reviewed or the</p> <p>2 tissue blocks that were reviewed?</p> <p>3 A. On some of them.</p> <p>4 Q. On the ones that you don't have and even --</p> <p>5 let me start over again.</p> <p>6 On the ones you still have and the ones</p> <p>7 that you have returned, do you have chain of custody</p> <p>8 documentation for all?</p> <p>9 A. Yes.</p> <p>10 Q. And do you keep that record of that chain</p> <p>11 of custody in your files somewhere?</p> <p>12 A. Yes.</p> <p>13 Q. We talked about this a moment ago. But in</p> <p>14 all the patients whose tissue you talk about in your</p> <p>15 publications, did you review their tissues for the</p> <p>16 original diagnosis of ovarian cancer?</p> <p>17 A. Yes.</p> <p>18 Q. Did you also have the original pathology</p> <p>19 reports for each of the patients?</p> <p>20 A. Yes.</p> <p>21 Q. Did you compare what you found to the</p> <p>22 pathology reports?</p> <p>23 A. Yes.</p> <p>24 Q. Did you ever find a difference in</p> <p>25 diagnosis?</p>	<p>1 A. No major differences.</p> <p>2 Q. In all of the cases that you comment on in</p> <p>3 your publications where you're looking at</p> <p>4 reproductive tract tissue for particles -- in</p> <p>5 particular, talc particles -- did you take</p> <p>6 photomicrographs of the slides you reviewed?</p> <p>7 A. Yes.</p> <p>8 Q. Do you still have those photomicrographs?</p> <p>9 A. Yes.</p> <p>10 Q. Are you able to link those photomicrographs</p> <p>11 to particular patients?</p> <p>12 A. Yes.</p> <p>13 Q. In some of the publications where you show</p> <p>14 the photomicrographs, are you showing them all or</p> <p>15 just a selected portion?</p> <p>16 A. I'm not sure I understand.</p> <p>17 Q. Sure. In any publication where you have a</p> <p>18 photomicrograph of reproductive tract tissue, did</p> <p>19 you include all the photomicrographs or just a</p> <p>20 selective -- selected ones?</p> <p>21 MR. DEARING: Objection. Form.</p> <p>22 A. We're showing selected ones. And in some</p> <p>23 cases, we're even cropping them so that you have the</p> <p>24 picture of the most important finding rather than</p> <p>25 material that's not necessarily contributory to the</p>

Page 41	Page 42
<p>1 point that's being made so that I would say they 2 were selected.</p> <p>3 Q. For all the patients who you talk about in 4 your publications where you're looking at 5 reproductive tract tissue for particles, did you 6 look at the slides using polarized light microscopy?</p> <p>7 A. Yes.</p> <p>8 Q. Did you document anywhere -- either by 9 handwritten notes or otherwise -- the presence of 10 and also the number of birefringent particles for 11 each of the slides you reviewed?</p> <p>12 A. We always identified the slides with 13 birefringent particles. If we're looking to either 14 use the data in terms of the numbers of birefringent 15 particles, we then count those and have those 16 numbers. If we're not doing that, then we wouldn't 17 have those numbers.</p> <p>18 Q. Do you have -- did you document the number 19 of particles you saw -- that is, the birefringent 20 particles you saw -- by polarized light microscopy, 21 if that's what you were doing for that paper?</p> <p>22 A. Yes.</p> <p>23 Q. Do you still have that documentation 24 somewhere?</p> <p>25 A. Yes.</p>	<p>1 Q. Did you document it by the same type of 2 handwritten notes we looked at for the five MDL 3 cases?</p> <p>4 A. It would be a documentation that we had 5 counted the number of particles in each -- in the 6 tissue and would have that documentation.</p> <p>7 Q. Did you take photomicrographs of the PLM 8 images that showed birefringent particles as you do 9 for the litigation cases and in particular the five 10 cases we've been talking about?</p> <p>11 A. Yes.</p> <p>12 MR. DEARING: Objection. Form.</p> <p>13 Q. Do you still have those photomicrographs?</p> <p>14 A. Yes.</p> <p>15 Q. Did you, based on the number of particles 16 you saw in the slides, make a request for the blocks 17 that correspond to those slides?</p> <p>18 A. Yes.</p> <p>19 MR. DEARING: I'm sorry. Are we talking 20 about in his studies --</p> <p>21 Q. In your studies.</p> <p>22 MR. DEARING: -- or in his cases --</p> <p>23 Q. These questions all relate to your studies.</p> <p>24 MR. DEARING: I got confused.</p> <p>25 A. Yeah.</p>
Page 43	Page 44
<p>1 Q. That's a fair point. Did you prepare for 2 each of the patients who you comment on in your 3 studies where you're looking at reproductive tract 4 tissue and the presence of particles, including 5 talc, an analysis summary like you prepared for the 6 five MDL cases?</p> <p>7 A. Yes.</p> <p>8 Q. Is that in a PowerPoint presentation format 9 like you have for each of the five MDL cases?</p> <p>10 A. Most likely, yes.</p> <p>11 Q. Do you still have those analysis summaries?</p> <p>12 A. Yes.</p> <p>13 Q. Do you have documentation of the particular 14 pathology blocks that were requested for each of the 15 patients who you comment on in your publications 16 where you're looking at reproductive tract tissue 17 and talc?</p> <p>18 A. Yes.</p> <p>19 Q. As you did in your analysis summary, do you 20 have documentation that is like the type we looked 21 at in the analysis summary where there's a yellow 22 dot showing the part of the tissue where you 23 documented the most particles by -- most 24 birefringent particles?</p> <p>25 A. Most likely.</p>	<p>1 Q. Do you still have those as well?</p> <p>2 A. Yes.</p> <p>3 Q. And with regard to the patients whose 4 tissue you looked at by SEM/EDS, if you did receive 5 blocks of tissue, did you look at all the blocks or 6 only selected blocks?</p> <p>7 A. Depends on the case. Some we looked at 8 all. Some we looked at selected ones.</p> <p>9 Q. In the -- in your publications, did you use 10 the same microscopic -- same electron -- scanning 11 electron microscopy technique that's described in 12 Abraham and Thakral that you talked about in your 13 publications?</p> <p>14 A. Yes.</p> <p>15 Q. I'm sorry. You talked about in your 16 reports.</p> <p>17 A. Yes.</p> <p>18 Q. In each of the cases where you're looking 19 at a patient's tissue for purposes of your -- I'm 20 sorry.</p> <p>21 A. We have one publication where we use 22 digestion, which would be different from the Abraham 23 and Thakral approach.</p> <p>24 Q. Thank you for pointing that out.</p> <p>25 In each of the publications where you did</p>

Page 45	Page 46
<p>1 SEM and EDS, did you also examine the tissue at</p> <p>2 higher magnifications for morphological</p> <p>3 characteristics of the tissue?</p> <p>4 A. Yes.</p> <p>5 Q. Do you still have the images -- any images</p> <p>6 you would have taken from that higher magnification</p> <p>7 review?</p> <p>8 A. Yes.</p> <p>9 Q. For all the patients whose tissue you</p> <p>10 comment on in the publications of yours where you're</p> <p>11 looking at reproductive tract tissue for the</p> <p>12 presence of particles, do you still have the -- do</p> <p>13 you report on the results using the same electron</p> <p>14 image and spectrum-type images you used for the five</p> <p>15 cases here?</p> <p>16 A. Some of them have not been reported because</p> <p>17 a report was not asked for if they were legal cases</p> <p>18 for whatever reason. So there may not have been a</p> <p>19 finalized written report done on some of them.</p> <p>20 Q. I'm sorry. My question was a little bit</p> <p>21 confusing.</p> <p>22 Do you identify each spectrum and each</p> <p>23 image for the patients who are part of the</p> <p>24 publications, just like you do for your litigation</p> <p>25 cases?</p>	<p>1 A. Yes.</p> <p>2 Q. Do you still have the spectrums and images?</p> <p>3 A. Yes.</p> <p>4 Q. Did you use the same plus or minus 5</p> <p>5 percent in identifying talc particles from your</p> <p>6 confirmed number for talc?</p> <p>7 A. Yes.</p> <p>8 Q. That's .649?</p> <p>9 A. Yes.</p> <p>10 Q. Did you ever apply any other plus-or-minus</p> <p>11 standard in any of your publications where you're</p> <p>12 identifying talc particles in tissue?</p> <p>13 A. I don't think we specifically used the plus</p> <p>14 or minus 5 percent in the 2007 paper that we did,</p> <p>15 which was the first one. I think there, we did not</p> <p>16 do that as part of our approach.</p> <p>17 I think we -- it turns out that certainly</p> <p>18 what we showed in the paper and what we talked about</p> <p>19 where -- we didn't give exact numbers of particles</p> <p>20 in that case report, nor did we talk about 5 percent</p> <p>21 plus or minus 6 -- .649.</p> <p>22 Q. In your other papers --</p> <p>23 A. In all the others we have.</p> <p>24 Q. -- after the 2007 paper, did you apply the</p> <p>25 same plus or minus 5 percent to the .649 talc</p>
Page 47	Page 48
<p>1 number?</p> <p>2 A. Yes.</p> <p>3 Q. Did you apply the same procedures for</p> <p>4 handling the tissue in your publications where</p> <p>5 you're looking at reproductive tract tissue for talc</p> <p>6 as you did in the five MDL cases?</p> <p>7 A. Yes.</p> <p>8 Q. Did you deviate in any way from the</p> <p>9 protocol -- from the tissue-handling protocol that</p> <p>10 you describe in your reports for the five MDL cases</p> <p>11 in your publications?</p> <p>12 A. No.</p> <p>13 Q. To the extent you made recuts or got recuts</p> <p>14 of slides, is it the case where you talked about a</p> <p>15 moment ago either you sent those recuts back or you</p> <p>16 still have them?</p> <p>17 MR. DEARING: Objection. Form.</p> <p>18 A. I'm not sure what you're asking.</p> <p>19 Q. Let me ask a different way.</p> <p>20 If you had a case where you only got</p> <p>21 recuts, did you retain the recuts? Or did you send</p> <p>22 those back?</p> <p>23 A. Most of them have been sent back, but some</p> <p>24 have not been requested back so that we still have</p> <p>25 them.</p>	<p>1 Q. In all of the cases that you looked at for</p> <p>2 your publications where you're looking at</p> <p>3 reproductive tract tissue, did you digitize the</p> <p>4 photos of all the slides that you received?</p> <p>5 A. Most likely, yes.</p> <p>6 Q. Would you still have all those digital</p> <p>7 images?</p> <p>8 A. Yes.</p> <p>9 MR. HEGARTY: Why don't we go off the</p> <p>10 record real quick.</p> <p>11 (A break was taken)</p> <p>12 MR. HEGARTY: We are back on the record.</p> <p>13 Dr. Godleski, I next want to walk through the</p> <p>14 documents we received in response to a Johnson &</p> <p>15 Johnson second set of requests for production of</p> <p>16 documents directed to materials that you have.</p> <p>17 I want to mark the responses we received</p> <p>18 to those second set of requests for production that</p> <p>19 were provided by the plaintiffs' steering committee</p> <p>20 at Exhibit 67.</p> <p>21 (Plaintiffs' steering committee's</p> <p>22 response and objections to defendant Johnson &</p> <p>23 Johnson's second set of requests for the production</p> <p>24 of documents to John J. Godleski, Exhibit 67,</p> <p>25 marked)</p>

Page 49

1 Q. I'm going to walk through these as I walked
2 through the first set of document requests that we
3 talked about when we were last together. If you can
4 turn over to page 2. Under the section "responses
5 and objections to document requested" -- do you see
6 that section --

7 A. Yes.

8 Q. -- Request No. 1 asks to "Produce all
9 documents related to any funding received for any
10 portion of the work described or discussed in the
11 articles."

12 Do you remember, when we talked about it
13 the last time, the definition of "articles" were all
14 your articles that have been really in the last five
15 years since 2019, the Johnson, McDonald, Sato,
16 Mandarin articles? Do you understand that that's
17 what the articles --

18 A. Yes.

19 Q. Those are the articles that this is talking
20 about?

21 A. Yes.

22 Q. And the response was "None. All
23 publications list sources of funding. There are no
24 other sources." Is that an accurate answer?

25 A. Yes.

Page 50

1 Q. No. 2 -- Request No. 2 says "Produce all
2 drafts, edits, and revisions of the articles."
3 Response is "Produced herewith is Dr. Godleski's
4 copy of a draft of the Mandarin article, Bates-
5 numbered as TalcMDL," dash, "Godleski," dash,
6 "000024 to 000074. Dr. Godleski has no other
7 drafts, edits, or revisions in his possession." Did
8 I read that correctly?

9 A. Yes.

10 Q. I'm going to show you what was produced to
11 us that are -- that was Bates numbered or is Bates
12 numbered 024 to 074.

13 MR. HEGARTY: I will mark this Bates
14 range of numbered documents as Exhibit 68.

15 (Document Bates-labeled TalcMDL-
16 Godleski-000024 to 000074, Exhibit 68, marked)

17 Q. Please look through Exhibit 68,
18 Dr. Godleski. And tell me if that is the draft of
19 the Mandarin article that you were able to locate.

20 A. Yes.

21 Q. Of all the articles that we've defined as
22 "articles," is this the only draft, edit, or
23 revision you were able to locate in your file?

24 A. I think so.

25 Q. Who was the lead author on the Mandarin

Page 51

1 article?

2 A. Mandarin.

3 Q. Was he -- I'm sorry. Is it he or she?

4 A. It's a he.

5 Q. Was he the one who dealt with the journal
6 directly, if you know?

7 A. I think Dr. Fedulov dealt with the journal.

8 Q. Do you know whether any of the other
9 authors of the Mandarin paper or of your other
10 authors on your other papers have any drafts, edits,
11 or revisions to those articles?

12 A. No.

13 Q. Did you ask any of the other -- your other
14 authors on any of the articles whether they had
15 drafts, edits, or revisions?

16 A. Generally -- yes. But, generally, the way
17 we do it -- the way we do it is we discuss the
18 article and do an in-depth discussion of what's
19 going to be in the article so that when who's ever
20 writing it sits down to write it, it pretty much is
21 -- there's not much to change, not much to -- many
22 things to make.

23 Then they get submitted. And some come
24 back not reviewed because the editors didn't feel it
25 was right for their journal, and some get accepted

Page 52

1 straightaway. Some have some minor corrections. We
2 make the minor corrections. It's usually made by
3 the author. And whether they have those -- they may
4 not.

5 Q. In your review of your documents to find
6 the Mandarin draft that we marked as Exhibit 68,
7 did you reach out to any of your other authors on
8 your -- on the publications of the articles to see
9 if they had any drafts or revisions or edits?

10 A. No.

11 Q. You can put that one aside, Dr. Godleski.
12 Request No. 3 asked to "Produce all communications
13 between you and any third parties concerning the
14 articles or any drafts of the articles, including
15 but not limited to any communications with journals
16 to which any drafts of the articles were submitted,
17 any communications with the journals in which the
18 articles were published, and all comments from peer
19 reviewers of any drafts of the articles."

20 The response reads "Produced herewith,
21 Bates numbered as TalcMDL," dash, "Godleski," dash,
22 000117 to 000119.

23 MR. HEGARTY: I'm going to mark as our
24 next exhibit, Exhibit 69, that Bates range of
25 documents that Response No. 37 describes.

Page 53

1 (Document Bates-labeled TalcMDL-
2 Godleski-000117 to 000119, Exhibit 69, marked)
3 Q. Is Exhibit 69 the documents that you found
4 to -- that were responsive to Request No. 3?
5 A. Yes.
6 Q. I may have given you more than one copy.
7 Did I give you more than one copy?
8 A. Yeah.
9 Q. The e-mail at the top is an e-mail from you
10 to Dr. Fedulov; is that correct?
11 A. Yes.
12 Q. If you look at the e-mail below that one
13 dated June 18, 2019 where it looks like a forwarded
14 message, is this e-mail string discussing a
15 rejection of the -- of this paper?
16 A. Yes.
17 Q. And is this paper the Mandarin article?
18 A. Yes.
19 Q. This was a rejection from the journal
20 Particle and Fibre Technology -- I'm sorry --
21 Toxicology.
22 A. Toxicology, yes.
23 Q. Was this -- was that the first journal that
24 the Mandarin article was submitted to?
25 A. Yes.

Page 55

1 Q. Did you next submit the Mandarin article
2 to the journal that published it, Environmental
3 Research?
4 MR. DEARING: Objection. Form.
5 Q. There was no other --
6 MR. DEARING: You said did he submit it.
7 I don't think he submitted it to anybody.
8 A. No. Dr. Fedulov submitted it.
9 Q. Was the -- Environmental Research was the
10 second journal that this was -- article was
11 submitted to?
12 A. If that's where it was published, yes.
13 That was -- the second place it was submitted
14 published it.
15 Q. Please look at the bottom of the first page
16 carrying over to the second page. Dr. Cassee did
17 send a communication where he said, in connection
18 with this submission, that the results presented are
19 too preliminary to conclude that talc combined with
20 estrogen affects the immunosurveillance of cancer
21 cells. Do you see where I'm reading?
22 A. Yes.
23 Q. Your study -- that is, the Mandarin study
24 -- didn't show that talc combined with estrogen
25 affects the immunosurveillance of ovarian cancer

Page 54

1 Q. Do you know why that journal was chosen?
2 A. Yeah. It's a good journal. It's an online
3 journal. I actually know the editor very well. And
4 I was -- I thought his response was kind of funny.
5 And I thought the whole exchange was kind
6 of funny and embarrassing to them because he first
7 said that they reviewed it but they didn't have any
8 critique, except for the English of it. And then
9 they -- then, in fact, they had to admit that it was
10 an editorial decision made by the editor not -- to
11 reject it and that it hadn't been sent out for peer
12 review, and so that -- I kind of thought that it was
13 kind of a funny exchange.
14 And that's why I kept it and that I thought
15 it reflected badly on the journal and its editor.
16 And, I mean, it's -- he's visited my lab. I visited
17 his lab and spent a fair amount of time with him.
18 We've collaborated on things, and so that -- the
19 whole exchange I thought was kind of amusing.
20 Q. Are you referring to Dr. Cassee?
21 A. Yeah. Flemming Cassee.
22 Q. Your interpretation of the e-mail string on
23 the first page of No. 69 is that there was no peer
24 review done of your -- of this submission?
25 A. Right.

Page 56

1 cells; correct?
2 A. Yeah. That's what it showed.
3 Q. You disagree with Dr. Cassee's opinion?
4 A. Yeah.
5 Q. Did you ever respond or talk to Dr. Cassee
6 about this comment in this e-mail?
7 A. No. Actually, I haven't seen him in a
8 while.
9 Q. I believe you told me that Dr. Mandarin
10 was the primary author of the Mandarin paper.
11 A. Yes.
12 Q. Are we looking at the only set of
13 communications that you had that involved the
14 submission of the journal -- of the article between
15 the journal of Particle and Fibre Toxicology and the
16 journal that it was published in?
17 A. To my knowledge, yes.
18 Q. Did you search all of the sources of
19 location where you might have any further
20 communications on any submission communications via
21 further documents of any commission communication
22 concerning the Mandarin article?
23 A. Yes.
24 Q. This is the only one you found?
25 A. This is what I found, yes.

Page 57	Page 58
<p>1 Q. Did you search for any communications like</p> <p>2 this for all of the articles as was defined in the</p> <p>3 request for production?</p> <p>4 A. Yes.</p> <p>5 Q. Were these the only communications you</p> <p>6 found?</p> <p>7 A. Yes.</p> <p>8 Q. As far as the documents -- documentation of</p> <p>9 the submission to where this article was published,</p> <p>10 you don't have any documentation of that; is that</p> <p>11 correct?</p> <p>12 A. No.</p> <p>13 Q. Do you know whether there were any reviewer</p> <p>14 comments from the submission of the Mandarin</p> <p>15 article to the second journal where it was</p> <p>16 ultimately published?</p> <p>17 A. I don't know that there were. Dr. Fedulov</p> <p>18 handled it. And they were very minor, as I recall.</p> <p>19 Q. Do you recall ever seeing any reviewer</p> <p>20 comments from the second journal where it was</p> <p>21 ultimately published?</p> <p>22 A. No.</p> <p>23 Q. In connection with your looking at your</p> <p>24 files to provide documents in response to this</p> <p>25 request, did you ask any of the other authors of any</p>	<p>1 of the other articles whether they had responsive</p> <p>2 documents?</p> <p>3 A. On this, no, I didn't.</p> <p>4 Q. You can put that one aside. Going back to</p> <p>5 the requests. We're now in Request No. 4. It asks</p> <p>6 "Produce all documents relating to presentations you</p> <p>7 have made regarding the subject matter of the</p> <p>8 articles, including but not limited to</p> <p>9 communications, notes, slide decks, and handouts."</p> <p>10 The response was "None." So have you</p> <p>11 prepared any presentations where you're discussing</p> <p>12 the subject matter of the articles besides, perhaps,</p> <p>13 what we marked the last time?</p> <p>14 A. No.</p> <p>15 Q. No. 5 -- Request No. 5 asks "Produce copies</p> <p>16 of all current laboratory accreditations and</p> <p>17 certifications for the facilities used to conduct</p> <p>18 any sample preparation, testing, and/or analysis</p> <p>19 described or discussed in the articles."</p> <p>20 Response is "None in Dr. Godleski's</p> <p>21 possession. He does not have copies or access to</p> <p>22 these documents. They are maintained independently</p> <p>23 by the institutions." Is that a correct response?</p> <p>24 A. Yes.</p> <p>25 Q. Request No. 6 asked to "Produce copies of</p>
Page 59	Page 60
<p>1 all current technical certifications held by you or</p> <p>2 anyone working under your direction that relate to</p> <p>3 the sample preparation, testing, and/or analysis</p> <p>4 described or discussed in the articles"; the</p> <p>5 response, "None." There are no responsive documents</p> <p>6 to that request?</p> <p>7 A. That's correct.</p> <p>8 Q. None of the -- neither you nor none of the</p> <p>9 folks that work under your direction have any such</p> <p>10 technical certifications?</p> <p>11 A. No.</p> <p>12 Q. Request No. 7 asked to "Produce all</p> <p>13 documents that relate to the testing or analysis of</p> <p>14 pathology specimens for the articles, including but</p> <p>15 not limited to SEM/EDS spectra, photomicrographs,</p> <p>16 digital images, lab notebooks, analysis summaries,</p> <p>17 backup data, count sheets, photographs, videos, raw</p> <p>18 data reports, testing protocols, and documents that</p> <p>19 include the background fiber counts for the</p> <p>20 laboratory performing the testing."</p> <p>21 The response is "Requested materials</p> <p>22 pertaining to the Mandarin article --</p> <p>23 photomicrographs -- are produced herewith, Bates</p> <p>24 numbered TalcMDL," dash, "Godleski," dash, "000075</p> <p>25 to 000098." Did I read that response correctly?</p>	<p>1 A. Yes.</p> <p>2 MR. HEGARTY: I'm going to mark as</p> <p>3 Exhibit No. 7 -- I'm sorry -- mark as the next</p> <p>4 exhibit, Exhibit 70, the documents that were</p> <p>5 produced in response to this request, which are</p> <p>6 Bates numbered 75 to --</p> <p>7 MR. DEARING: 98.</p> <p>8 MR. HEGARTY: -- 98.</p> <p>9 (Document Bates-labeled TalcMDL-</p> <p>10 Godleski-000075 to 000098, Exhibit 70, marked)</p> <p>11 Q. What is Exhibit No. 70, Dr. Godleski?</p> <p>12 A. This is a figure that I created for the</p> <p>13 Mandarin article. And these are all the pictures</p> <p>14 that I had taken of the slides that were used in</p> <p>15 that article. And so that composite is -- are cells</p> <p>16 that are taken from all of the other pictures.</p> <p>17 So all the other pictures are the areas,</p> <p>18 and then these were cropped from those pictures in</p> <p>19 order to make this composite figure that was in the</p> <p>20 paper.</p> <p>21 Q. We talked a little bit ago about generally</p> <p>22 your methodology, your protocols for your published</p> <p>23 papers. And in talking about that, you told me you</p> <p>24 still have the SEM/EDS images; you have, perhaps,</p> <p>25 photomicrographs; you have PLM photos.</p>

Page 61	Page 62
<p>1 This request we just reviewed asked to</p> <p>2 produce all the documents that you have related to</p> <p>3 the articles that include SEM/EDS spectra,</p> <p>4 photomicrographs, et cetera. Why did you not</p> <p>5 provide all that other material?</p> <p>6 MR. DEARING: Objection. Form.</p> <p>7 A. We produced the billing for the -- all</p> <p>8 those cases. We found all those cases. Those cases</p> <p>9 would have needed to be redacted if they were not</p> <p>10 within litigation now.</p> <p>11 So some of them have already been produced</p> <p>12 because they have been litigated. Some have not</p> <p>13 been litigated, have not even been taken to the next</p> <p>14 step so that they would have needed extensive</p> <p>15 redaction.</p> <p>16 Q. My question, though, I think, is a little</p> <p>17 bit different.</p> <p>18 In your articles, you include other photos</p> <p>19 of PLM images, SEM/EDS spectra. You did not produce</p> <p>20 any of those other photos.</p> <p>21 A. They're all in the articles.</p> <p>22 Q. Do you have photos of PLM images, SEM/EDS</p> <p>23 spectra from your work on those articles besides</p> <p>24 what's shown in the articles themselves?</p> <p>25 A. Yes.</p>	<p>1 Q. And you did not produce any of that</p> <p>2 material; correct?</p> <p>3 A. That's correct.</p> <p>4 Q. You still do have it, though; right?</p> <p>5 A. Yes.</p> <p>6 Q. Just as we are looking at images -- the</p> <p>7 images in No. 70, you do have images that are of PLM</p> <p>8 review, are of SEM/EDS review, are perhaps of</p> <p>9 regular microscopy review that you did for those</p> <p>10 articles that you have in your files. But you did</p> <p>11 not produce those.</p> <p>12 A. That's correct.</p> <p>13 Q. Can you still produce those?</p> <p>14 A. They would -- they would, again, require</p> <p>15 redaction of the -- all identifiers from them.</p> <p>16 Q. Do the SEM/EDS images, for example, have</p> <p>17 identifiers that identify who the patient is?</p> <p>18 A. Yes. All of them do.</p> <p>19 Q. They all have the patient's name on them?</p> <p>20 A. Well, they have the pathology number, which</p> <p>21 is easy enough to trace back to individual cases.</p> <p>22 Q. Other than the -- redacting the pathology</p> <p>23 number, would you need to do anything else for</p> <p>24 confidentiality to produce those images?</p> <p>25 A. We would have to go over every image, every</p>
Page 63	Page 64
<p>1 file name, every -- yeah. It would be an enormous</p> <p>2 effort.</p> <p>3 Q. Can you give me any kind of estimate of the</p> <p>4 number of images we're talking about that would</p> <p>5 include the PLM, the regular microscopy images, the</p> <p>6 SEM/EDX images?</p> <p>7 A. Thousands.</p> <p>8 Q. More than 10,000?</p> <p>9 A. At least 10,000.</p> <p>10 Q. These are all stored electronically?</p> <p>11 A. Yes.</p> <p>12 Q. Why for purposes of your response to this</p> <p>13 request did you just produce these images in</p> <p>14 Exhibit 70?</p> <p>15 A. That's what I had in relationship to that</p> <p>16 particular paper where I had that -- where I made</p> <p>17 the images and I produced the composite so that I</p> <p>18 was able to produce that.</p> <p>19 Q. There are, though, in your other articles</p> <p>20 that we defined in this request images that are of</p> <p>21 PLM review and regular microscopy review and EDS --</p> <p>22 SEM/EDS review. Do you still have those images?</p> <p>23 A. Yes.</p> <p>24 Q. Why was it that you picked out these images</p> <p>25 from just the Mandarin article for purposes of this</p>	<p>1 response?</p> <p>2 A. That's what I had in my -- on my computer.</p> <p>3 And the others, because their case is not filed or</p> <p>4 their case is in litigation, would have, you know,</p> <p>5 just taken an enormous amount of time to redact</p> <p>6 everything in them.</p> <p>7 Q. Okay. Can you estimate how much time it</p> <p>8 would take to do per patient?</p> <p>9 A. 30, 40 hours per patient.</p> <p>10 Q. Okay. Let's look back at the request for</p> <p>11 production. We're on Request No. 8, "Produce copies</p> <p>12 of all invoices, bills, estimates, cost ledgers, and</p> <p>13 any other accounting information for any work</p> <p>14 performed to date by you relating to the work</p> <p>15 described or discussed in the articles, including</p> <p>16 but not limited to literature review, lab work,</p> <p>17 microscopic analysis, and tissue analysis performed</p> <p>18 at the request of or on behalf of a lawyer or law</p> <p>19 firm." The response is "None." Is that accurate?</p> <p>20 MR. DEARING: He produced one today.</p> <p>21 MR. HEGARTY: This request is focused on</p> <p>22 the work done for the articles. The one produced</p> <p>23 today is for the MDL work.</p> <p>24 Q. I know we're going to look here in a moment</p> <p>25 at some invoices that were provided -- were</p>

Page 65

1 produced. Do you know why Request No. 8 was
2 responded to by saying "None"?
3 MR. DEARING: Objection. Form.
4 A. No.
5 Q. We'll circle back to this in a moment.
6 Request No. 9 asks to "Produce all slides, blocks,
7 tissue samples, pathology materials, and photographs
8 relating to the articles and referenced in the
9 articles"; response, "None. All the pathology" --
10 "All of the pathologist materials associated with
11 the published studies are no longer in
12 Dr. Godleski's possession." Based on what you told
13 me earlier, is that an accurate response?
14 A. Largely. I think there may be one or two
15 that I still have, but I think most of them are no
16 longer in my possession.
17 Q. This description, though, of what to
18 provide does include photographs. We've talked
19 earlier. You do have all the photographs that you
20 generated in connection with your work on the
21 articles; correct?
22 A. Yes.
23 Q. But in terms of slides, blocks, tissue
24 samples, pathology materials, you think you might
25 have maybe one or two?

Page 67

1 A. Chain of custody we should have.
2 Q. Do you know why those were not produced?
3 A. Again, it would involve a lot of redaction.
4 Q. For your articles, do you remember or --
5 are you able to recall the total number of patients
6 that are in those five or six articles?
7 A. Right off, I don't. I think it was more
8 than 20, when it comes all down to it.
9 Q. But it's not the total universe of consults
10 or patients who you've -- whose tissue you reviewed
11 for the presence of talc; correct?
12 A. That's correct.
13 Q. I think you told me that that number might
14 exceed 200.
15 A. Yes.
16 Q. It's not -- we're talking about a number of
17 chain of custody forms that you have to look at for
18 your articles -- it wouldn't be over 200. It would
19 just be for the patients who you talk about in the
20 articles; right?
21 A. Yes.
22 Q. Request No. 11 asked to "Produce all
23 documents within your possession, custody, or
24 control that are responsive to Request Nos. 1, 2, 3,
25 4, and/or 8 of Defendants Johnson & Johnson Consumer

Page 66

1 A. Yeah.
2 Q. Did you go back in response to this
3 request, do any kind of inventory of what you still
4 had?
5 A. No, not specifically.
6 Q. Request No. 10 asked to "Produce all
7 documents evidencing the receipt of pathology
8 specimens for the articles, including but not
9 limited to correspondence, chain of custody forms,
10 photographs, videos, laboratory notebooks, log
11 sheets, and database entries." The response is
12 "None."
13 Do you recall telling me a short time ago
14 that you still have chain of custody documents for
15 the pathology materials that were reviewed for your
16 articles? Is that still accurate?
17 A. I think so.
18 Q. Are those also kept electronically?
19 A. They're probably paper form.
20 Q. Those would be original chain of custody
21 documents?
22 A. They would be copies of anything that went
23 through our office.
24 Q. These are documents that you still have,
25 that is, the chain of custody documents?

Page 68

1 Inc. and Johnson & Johnson's first set of requests
2 for the production of documents to John J. Godleski
3 dated July 16, 2021, pursuant to Special Master
4 Order No. 10, Docket 24974."
5 Response is "First request for production
6 No. 1: Dr. Godleski received no funding for working
7 on or writing or publishing the articles. Some, but
8 not all, of the tissue described in the articles is
9 tissue from plaintiffs or prospective plaintiffs in
10 the talc litigation.
11 "Dr. Godleski was compensated for his time
12 analyzing the tissues of plaintiffs or prospective
13 plaintiffs for purposes of litigation only, not for
14 writing or publishing any articles. So as not to
15 reveal otherwise privileged, confidential, or
16 protected medical information, the patient names
17 have been redacted from the litigation invoices
18 provided herewith and Bates numbered as TalcMDL,"
19 dash, "Godleski," dash, "000001 to 000023." Did I
20 read that correctly?
21 A. Yes.
22 MR. HEGARTY: I'm going to mark as
23 Exhibit 71 that Bates range of documents that that
24 response described, 1 to 23.
25 (Document Bates-labeled TalcMDL-

Page 69	Page 70
<p>1 Godleski-000001 to 000023, Exhibit 71, marked)</p> <p>2 Q. Is Exhibit No. 71 the invoices that you</p> <p>3 provided for purposes of responding to this</p> <p>4 discovery request?</p> <p>5 A. Yes.</p> <p>6 Q. These are not all of the invoices of all</p> <p>7 your talc work --</p> <p>8 A. No.</p> <p>9 Q. -- correct?</p> <p>10 A. No. These are the ones used in the</p> <p>11 publications. And there were a couple of instances</p> <p>12 where the same patient was used in a couple of</p> <p>13 publications. So if you add all these up and the --</p> <p>14 all the list of patients within the papers, it comes</p> <p>15 to a few less because some of them were used</p> <p>16 multiple times.</p> <p>17 Q. If you look at Bates Page No. 1 and Bates</p> <p>18 Page No. 2, in particular as to Bates 2, you include</p> <p>19 entries for drafting and completing a report. On</p> <p>20 Bates 1, there is no reference to drafting or</p> <p>21 completing a report. Does that mean you didn't do a</p> <p>22 report for the case shown as Bates No. 1?</p> <p>23 A. That's correct.</p> <p>24 Q. When you in these set of documents didn't</p> <p>25 prepare a report, do you know why that was?</p>	<p>1 MR. DEARING: Objection. Form. That</p> <p>2 may call for privileged communications.</p> <p>3 Q. Would that require you, to answer my</p> <p>4 question, to disclose communication you had with</p> <p>5 counsel?</p> <p>6 A. Yes.</p> <p>7 Q. Look at Bates 2, for example, as well as</p> <p>8 Bates 18 and 19. There are references at least on</p> <p>9 page -- I'm sorry. Start over again.</p> <p>10 Look at Bates page 2 and page 19. There is</p> <p>11 a reference towards the end of "Amount charged to</p> <p>12 Beasley Allen retainer and paid with Beasley Allen</p> <p>13 retainer to Dr. Godleski's lab." Do you see those?</p> <p>14 A. Yes.</p> <p>15 Q. Those are two different retainer amounts.</p> <p>16 Do you see that? One's 7200. One's 7750.</p> <p>17 A. Yeah.</p> <p>18 Q. Did you receive multiple retainers from</p> <p>19 Beasley Allen?</p> <p>20 A. No. I received one retainer and the -- we</p> <p>21 -- what we would bill is half to the retainer and</p> <p>22 half otherwise. And so the numbers that you see are</p> <p>23 half the total amount.</p> <p>24 Q. How much was the original retainer?</p> <p>25 A. I believe it was \$75,000.</p>
Page 71	Page 72
<p>1 Q. Did you continue to work from that retainer</p> <p>2 until it was exhausted?</p> <p>3 A. Yes.</p> <p>4 Q. Have you received any other retainers?</p> <p>5 A. No.</p> <p>6 Q. From any law firm?</p> <p>7 A. Yes. If I get a request from a law firm</p> <p>8 that I haven't previously worked with, I request a</p> <p>9 retainer.</p> <p>10 Q. How much do you request?</p> <p>11 A. Whatever -- it varies, depending on what</p> <p>12 I'm going to be expected to do. It could be as</p> <p>13 little as 3,000, as much as 20,000, depending on</p> <p>14 what's being asked of me and what I have to do.</p> <p>15 Q. Bates No. 2 is an invoice that goes back to</p> <p>16 the first activity of November 2015. Did you</p> <p>17 receive the original retainer of 75,000 going back</p> <p>18 to 2015?</p> <p>19 A. I would think so.</p> <p>20 Q. Please turn over to Bates 22 and 23. Are</p> <p>21 all the entries on Bates 22 and 23 in connection</p> <p>22 with your work on an article you did with Dr.</p> <p>23 Campion where he was the lead article?</p> <p>24 A. Yes.</p> <p>25 MR. DEARING: You mean "lead author"?</p>	<p>1 MR. HEGARTY: Lead author. I said</p> <p>2 "article." Lead author. I'm going to mark as the</p> <p>3 next exhibit, Exhibit 72, the Campion article.</p> <p>4 (Article titled "Identification of</p> <p>5 Foreign Particles in Human Tissues Using Raman</p> <p>6 Microscopy," Exhibit 72, marked)</p> <p>7 Q. Is Exhibit No. 72 the article that you</p> <p>8 worked on with Dr. Campion that -- where the work is</p> <p>9 referenced in Bates Nos. 22 and 23?</p> <p>10 A. Yes.</p> <p>11 Q. Going back to the invoices. Some of the</p> <p>12 invoices were directed at payment to president and</p> <p>13 fellow of Harvard University, others are to John J.</p> <p>14 Godleski, M.D., PLLC. How did that switch or -- how</p> <p>15 did that come about, that you had two different</p> <p>16 payables to?</p> <p>17 A. Well, you look at the dates. And since --</p> <p>18 I retired in January of 2017, and I formed my</p> <p>19 company shortly after that. And once my company was</p> <p>20 formed, I was able to -- I was getting money into</p> <p>21 the company.</p> <p>22 Before that, we were doing work at Harvard</p> <p>23 School of Public Health, and Dr. Fan was an employee</p> <p>24 of Harvard School of Public Health rather than my</p> <p>25 company. And the work that we were doing and the</p>

Page 73	Page 74
<p>1 instruments that we were using were in my lab there, 2 and so the money was going there rather than to my 3 company. 4 Q. Looking back at Bates Nos. 22 and 23 of 5 Exhibit 71, are there any entries on those two Bates 6 numbered documents that are not related to 7 preparation of the Campion article I marked as 8 Exhibit 72? 9 A. I'm -- 10 MR. DEARING: Objection. Form. 11 Q. Are there any entries on Exhibit 22 -- that 12 are on -- that are in Bates Nos. 22 and 23 that are 13 not related to preparation of the Campion article? 14 A. No. 15 Q. Do you know whether Dr. Campion submitted 16 invoices to Beasley Allen for his work on the 17 Campion article? 18 A. I don't know what his arrangements were. 19 Q. Did any of the amounts that you received by 20 these invoices go to Dr. Campion? 21 A. No. 22 Q. Did Beasley Allen or any other law firm 23 provide compensation for your work on any of the 24 other articles as you described in these two Bates 25 numbered documents?</p>	<p>1 A. No. 2 Q. Why for the Campion article did you invoice 3 your work? 4 A. Because, for the Campion article, we ended 5 up having to use instruments in Chicago. And so we 6 had to fly to Chicago, do the work there, and incur 7 a lot of expenses along the way. So we were trying 8 to develop a new methodology, and the methodology 9 worked but was not convenient. So we haven't really 10 used it. However, technology has been improving 11 over the years since we did this. And there is now 12 technology that may actually be useful. 13 I think we mentioned this in the last 14 deposition. But when we did this, we were really 15 developing a new technique and a new approach. And 16 we did that. We did that with a number of different 17 sources of talc. 18 In the Campion paper, we used talc used for 19 pleurodesis. We used some talc case material from 20 ovarian cancer. We did a lot of different things to 21 try and develop this technique. And it turned out 22 there were very large amounts because we didn't have 23 either -- there are just -- logistics in getting the 24 specimen from where you could see the particles to 25 how you would see them by Raman spectroscopy was a</p>
Page 75	Page 76
<p>1 difficult bridge. 2 Q. Did you have an agreement in advance with 3 Beasley Allen to compensate you for your work on the 4 Campion article? 5 A. If we did, it was a verbal agreement. I 6 don't recall exactly what we agreed to. 7 Q. As you mentioned, though, you don't -- you 8 did not bill or you did not invoice your work as you 9 invoiced here on any of the other articles, 10 including Mandarinino, McDonald, and Sato or anything 11 else. 12 A. Exactly. 13 Q. Were you paid for the amounts shown in 14 these invoices? 15 A. Yes. 16 Q. If you look at the January 3 and 7 entries 17 over on Bates 23, do you see there's a reference to 18 writing, reviewing, and preparing the manuscript for 19 the American Journal of Surgical Pathology? Was 20 this paper actually submitted to that journal? Was 21 it published in Analytical Chemistry? 22 A. Yes. It -- I believe it was submitted 23 there and not reviewed. They didn't feel it was in 24 their area. 25 Q. Do you have any documentation of its</p>	<p>1 submission or the rejection by the American Journal 2 of Surgical Pathology? 3 A. No. 4 Q. Who is the corresponding author? 5 A. It would have been Dr. Campion. 6 Q. Did you ever see any documentation related 7 to its submission or its rejection? 8 A. No. He just said it was sent back not 9 reviewed. 10 Q. When you say he said that, Dr. Campion told 11 you that? 12 A. Dr. Campion. 13 Q. He told you it was not even -- not peer 14 reviewed? 15 A. It was not peer reviewed. It was sent back 16 like the Mandarinino article. But they didn't tell us 17 to improve the English, as far as I know. 18 Q. Was the only other journal that you 19 submitted to -- submitted this article to Analytical 20 Chemistry? 21 MR. DEARING: Objection to form. He 22 didn't submit any articles. 23 Q. With that clarification, you can answer. 24 A. When Pathology sent it back as not 25 interested, Dr. Campion said "We got to submit this</p>

Page 77	Page 78
<p>1 to a chemistry journal. I'll take care of it," and</p> <p>2 he did.</p> <p>3 Q. Did you have any discussions with any</p> <p>4 attorney for plaintiffs about the content or the</p> <p>5 substance of the article before it was submitted for</p> <p>6 publication?</p> <p>7 A. No. None whatever.</p> <p>8 Q. Did you provide counsel for any plaintiffs</p> <p>9 in the talc litigation a draft of this article in</p> <p>10 advance of its publication?</p> <p>11 A. No.</p> <p>12 Q. Does the amounts shown in Bates 22 and 23</p> <p>13 account for all that you invoiced and received for</p> <p>14 your work on the Campion article?</p> <p>15 A. Yes.</p> <p>16 Q. Please look back at the article,</p> <p>17 Dr. Godleski, that I marked as Exhibit 72. Please</p> <p>18 look over at the second-to-the-last page. Under the</p> <p>19 section "acknowledgments," do you see that section?</p> <p>20 A. Yes.</p> <p>21 Q. That section begins by saying "This study</p> <p>22 was supported in part by a pilot project grant and</p> <p>23 the Particles Research Core of the Harvard Center</p> <p>24 for Environmental Health, supported by NIEHS ES,"</p> <p>25 dash, "000002." What part or percentage of this</p>	<p>1 work was supported by this pilot project grant?</p> <p>2 A. It had to do with the in vitro part where</p> <p>3 we were having cells take up talc. For example,</p> <p>4 Figure 1 shows cells that had taken up talc. And so</p> <p>5 Dr. Fedulov would provide the cells and grow them up</p> <p>6 and do the tissue culture work. And so he had a</p> <p>7 pilot grant to do that.</p> <p>8 He was doing a number of other studies, but</p> <p>9 this was one of the things that he did as part of</p> <p>10 the pilot grant that he had to provide support for</p> <p>11 us.</p> <p>12 Q. Did you have a chance to review the</p> <p>13 acknowledgment section prior to it being published?</p> <p>14 A. Yes.</p> <p>15 Q. Did you -- do you note or -- did you note</p> <p>16 then and do you note now that there's no reference</p> <p>17 to any of your work being compensated by Beasley</p> <p>18 Allen? Do you see there's no reference there?</p> <p>19 A. Right.</p> <p>20 Q. Should there be a reference, in your view,</p> <p>21 to funding for your work on this paper as coming</p> <p>22 from Beasley Allen?</p> <p>23 A. Yeah. There could have been.</p> <p>24 Q. If you were to do this paper again and have</p> <p>25 a chance to do the "acknowledgment" section again,</p>
Page 79	Page 80
<p>1 would you include a reference to your work being</p> <p>2 funded by Beasley Allen?</p> <p>3 MR. DEARING: Objection. Form.</p> <p>4 A. I'm looking to see if that -- if this</p> <p>5 billing wasn't, in fact, after the paper had been</p> <p>6 submitted. I think it was. So it was submitted</p> <p>7 January 17, 2018. And this bill was done in</p> <p>8 February of 2018.</p> <p>9 So this billing was done after the paper.</p> <p>10 And perhaps at the time that we were doing the</p> <p>11 paper, it wasn't clear that we were even going to</p> <p>12 get paid for it.</p> <p>13 Q. Your entries in Bates Nos. 22 and 23 for</p> <p>14 your work on the paper go back to 2017, though;</p> <p>15 correct?</p> <p>16 A. Yes.</p> <p>17 Q. You had recorded those entries back at the</p> <p>18 time you -- of the work and then later transferred</p> <p>19 those to the invoices; correct?</p> <p>20 MR. DEARING: Objection. Form.</p> <p>21 A. Yes.</p> <p>22 Q. So at the time that the paper was</p> <p>23 submitted, you had entries for work done that you</p> <p>24 intended to invoice Beasley Allen about; correct?</p> <p>25 A. The time was kept, yes.</p>	<p>1 Q. You anticipated that you would get</p> <p>2 reimbursed for that time. Fair?</p> <p>3 A. I don't know that I did.</p> <p>4 Q. You don't know if you were going to get</p> <p>5 paid for the work that you reported in Bates No. 22</p> <p>6 and 23?</p> <p>7 A. I don't know actually when we -- actually,</p> <p>8 it was after it was submitted to this journal that</p> <p>9 we billed it. So we may have learned that or -- I</p> <p>10 may have learned that we would get paid for the time</p> <p>11 that was put in on this after the paper was</p> <p>12 submitted.</p> <p>13 Q. Do you remember thinking, though, that you</p> <p>14 weren't -- when you looked at the "acknowledgment"</p> <p>15 section had not reported the funding, that you were</p> <p>16 not going to get paid or might not get paid? Is</p> <p>17 that -- that's why you didn't --</p> <p>18 A. I didn't know.</p> <p>19 Q. Now, some six years later --</p> <p>20 A. Yeah. I don't recall.</p> <p>21 Q. Right. But six years later, looking back,</p> <p>22 do you think it would have been appropriate for you</p> <p>23 to at some point -- either at the time of submission</p> <p>24 or before it actually got into press -- for you to</p> <p>25 make reference to funding or at least anticipation</p>

Page 81	Page 82
<p>1 of funding by Beasley Allen?</p> <p>2 MR. DEARING: Objection. Form.</p> <p>3 A. Well, all I can say is that, you know, it</p> <p>4 was submitted more than a month before it was</p> <p>5 billed. So I don't recall what happened. But the</p> <p>6 fact is that this was, in fact, paid. And we've</p> <p>7 disclosed it.</p> <p>8 Q. You didn't disclose it in this article,</p> <p>9 though.</p> <p>10 A. No. The article was submitted before even</p> <p>11 an invoice was made.</p> <p>12 Q. If you believed at the time the article was</p> <p>13 submitted you would have been -- you were going to</p> <p>14 get reimbursed for your work --</p> <p>15 A. I really --</p> <p>16 Q. -- should you then have disclosed it --</p> <p>17 A. I really don't recall.</p> <p>18 Q. Let me finish my hypothetical, if it is a</p> <p>19 hypothetical.</p> <p>20 If you had believed prior to this article</p> <p>21 submission that you were going to get reimbursed for</p> <p>22 your work on it, should you have included that</p> <p>23 funding source in the "acknowledgment" section?</p> <p>24 MR. DEARING: Objection. Form.</p> <p>25 A. Yes. If we were going to be paid for this,</p>	<p>1 it would have been appropriate to include it.</p> <p>2 Q. Looking at the "author contribution"</p> <p>3 section, it notes that "AC" -- that's Alan Campion</p> <p>4 -- "and JGG" -- that's you -- "have served as</p> <p>5 consultants and provided expert testimony in talc</p> <p>6 and other environmental litigation." Do you see</p> <p>7 that reference?</p> <p>8 A. Yes.</p> <p>9 Q. Wouldn't it be appropriate -- sorry.</p> <p>10 Strike that.</p> <p>11 Would it have been appropriate to have made</p> <p>12 reference in that disclosure to who you were</p> <p>13 providing expert testimony for, that is, plaintiffs</p> <p>14 or defendants?</p> <p>15 MR. DEARING: Objection. Form.</p> <p>16 A. No.</p> <p>17 Q. Why not?</p> <p>18 A. Well, it's a long list. I've worked for</p> <p>19 many law firms in environmental litigation so that</p> <p>20 it -- this seemed to be the most appropriate way to</p> <p>21 disclose that.</p> <p>22 Q. Go back to the request for production,</p> <p>23 Dr. Godleski, and look back at Request No. 8.</p> <p>24 MR. DEARING: Original 8 or first 8?</p> <p>25 MR. HEGARTY: Request No. 8 in the</p>
Page 83	Page 84
<p>1 Exhibit 67.</p> <p>2 Q. Do you see where, when we talked about that</p> <p>3 one, it did ask for invoices related to your work</p> <p>4 described or discussed in the articles? And the</p> <p>5 response was "None." Should that response have made</p> <p>6 reference to the invoices we just looked at for the</p> <p>7 Campion article?</p> <p>8 MR. DEARING: Objection. Form.</p> <p>9 A. Yeah. As well as all the others. And it</p> <p>10 -- we've produced it in relationship to No. 11. I'm</p> <p>11 not sure what the difference between the two is.</p> <p>12 Q. Go back to page 5. That is the response to</p> <p>13 the Request No. 11. We finished by looking at that</p> <p>14 Bates range of documents that we just talked about</p> <p>15 that were the invoices.</p> <p>16 The next one talks about First Request for</p> <p>17 Production No. 12 where it says "Produced herewith,</p> <p>18 Bates numbered as TalcMDL," dash, "Godleski," dash,</p> <p>19 "000099 to 000116 and TalcMDL," dash, "Godleski,"</p> <p>20 dash, "000120," dash, "000286."</p> <p>21 MR. HEGARTY: And I'll mark as the next</p> <p>22 exhibit the -- that set of Bates range documents.</p> <p>23 Those will be marked as Exhibit 73.</p> <p>24 (Document Bates-labeled TalcMDL-</p> <p>25 Godleski-000099 to 000116 and 000120 to 000286,</p>	<p>1 Exhibit 73, marked)</p> <p>2 Q. Exhibit 73, Dr. Godleski, are the Bates</p> <p>3 range of documents described in that response to</p> <p>4 that request. And looking through those documents,</p> <p>5 can you tell me what those are?</p> <p>6 A. They look like all of our papers.</p> <p>7 Q. Do they appear to be either the papers</p> <p>8 themselves or, perhaps, drafts or manuscripts of the</p> <p>9 papers?</p> <p>10 A. Yes.</p> <p>11 Q. Were these documents that you found in your</p> <p>12 files?</p> <p>13 A. Yes.</p> <p>14 Q. Just walking through these documents, look</p> <p>15 at Bates 99 to 106. Is this a draft of the Campion</p> <p>16 article we just talked about?</p> <p>17 A. It's the published paper.</p> <p>18 Q. The published paper. Look at Bates 107 to</p> <p>19 115. Is that also the published Campion paper</p> <p>20 without the Analytical Chemistry heading on it at</p> <p>21 the top?</p> <p>22 A. Yeah.</p> <p>23 Q. Look at Bates 120 to 137. Is that the 2019</p> <p>24 McDonald article "Migration of Talc From the</p> <p>25 Perineum to Multiple Pelvic Organ Sites"?</p>

Page 85	Page 86
<p>1 A. Yes.</p> <p>2 Q. As we continue to look at Bates 138 and</p> <p>3 139, what are those two documents?</p> <p>4 A. These are disclosures of relevant financial</p> <p>5 relationships for the American Society for Clinical</p> <p>6 Pathology. That is the organization that publishes</p> <p>7 the American Journal of Clinical Pathology.</p> <p>8 Q. This is your disclosure for the McDonald</p> <p>9 article?</p> <p>10 A. Yes.</p> <p>11 Q. Did you prepare this disclosure?</p> <p>12 A. I signed it. So I think the -- it's</p> <p>13 basically filling in an article or a blank form</p> <p>14 prepared by the American Journal of Clinical</p> <p>15 Pathology.</p> <p>16 Q. Continuing. Exhibits (verbatim) 140 to 155</p> <p>17 are copies of the McDonald article, "Correlative</p> <p>18 polarizing light and scanning electron microscopy</p> <p>19 for the assessment of talc in pelvic region lymph</p> <p>20 nodes."</p> <p>21 A. Yes.</p> <p>22 Q. Bates 156 to 188 are -- is that a</p> <p>23 manuscript or a draft of that same -- of the</p> <p>24 McDonald article, "Migration of talc from the</p> <p>25 perineum to multiple pelvic organ sites"?</p>	<p>1 A. Yes.</p> <p>2 Q. If you look over at Bates 163, there's a</p> <p>3 comment. Do you know whose comment that is?</p> <p>4 A. Actually, no, I don't.</p> <p>5 Q. Bates 189 to 195 are for the Johnson</p> <p>6 article; is that right?</p> <p>7 A. Yes.</p> <p>8 Q. Bates 196 through 202 are also the McDonald</p> <p>9 -- I mean the Johnson article?</p> <p>10 A. Yes.</p> <p>11 Q. When I say "the Johnson article," it's the</p> <p>12 article "Analytical (verbatim) comparison of talc in</p> <p>13 commercially available baby powder and in pelvic</p> <p>14 tissues resected from ovarian carcinoma patients"?</p> <p>15 A. Yes.</p> <p>16 Q. Bates Nos. 203 to 205 are what?</p> <p>17 A. Looks like response to reviewers for the</p> <p>18 Johnson article.</p> <p>19 Q. Did you look for any similar response to</p> <p>20 reviewer documents for any of your other articles</p> <p>21 that looked at reproductive tissue for talc?</p> <p>22 A. Yeah. I looked for all of them.</p> <p>23 Q. Were these the only ones you found?</p> <p>24 A. Yes.</p> <p>25 Q. Do you know who prepared this response to</p>
Page 87	Page 88
<p>1 reviewers?</p> <p>2 A. Wait a minute. They -- the first looks</p> <p>3 like the Johnson article on 203, 204. And 205, 206</p> <p>4 is the McDonald article, the American Journal of</p> <p>5 Clinical Pathology.</p> <p>6 Q. Thank you for that clarification.</p> <p>7 A. So that it looks like there were two</p> <p>8 comments to the HACP article. And we dealt with</p> <p>9 those and that -- and so these are actually reviews</p> <p>10 of two papers that I had.</p> <p>11 Q. Who prepared the response to reviewers on</p> <p>12 Bates 203 and 204?</p> <p>13 A. Dr. Johnson.</p> <p>14 Q. Who prepared the response to reviewers on</p> <p>15 pages 205 and 206?</p> <p>16 A. Dr. McDonald.</p> <p>17 Q. Did you look for the actual reviewer</p> <p>18 comments themselves?</p> <p>19 A. The reviewer comments are restated here.</p> <p>20 Q. Understood. But did you look for the</p> <p>21 actual incoming reviewer documentation of the</p> <p>22 documents -- let me start over again.</p> <p>23 Did you actually look for the --</p> <p>24 A. Yes, I did.</p> <p>25 Q. -- reviewer comments that came in?</p>	<p>1 A. Yes. I didn't have a copy of that.</p> <p>2 Q. Please look at 204.</p> <p>3 MR. GOLOMB: Can I just say -- how long</p> <p>4 have we been on the record?</p> <p>5 MR. HEGARTY: Off record.</p> <p>6 (A break was taken)</p> <p>7 MR. HEGARTY: We're back on the record.</p> <p>8 Q. Let's finish up with this set of documents</p> <p>9 that you're looking at, Dr. Godleski. Look at Bates</p> <p>10 206. What is this document, if you know?</p> <p>11 A. 206 -- 205 and 206 is the response to the</p> <p>12 American Journal of Clinical Pathology and revising</p> <p>13 the paper and sending it back in for publication.</p> <p>14 Q. You can see on 205 and 206, it doesn't</p> <p>15 include the reviewer comments themselves, unlike the</p> <p>16 previous two Bates numbers. Did you ever see the</p> <p>17 reviewer comments themselves?</p> <p>18 A. I don't believe so. I didn't -- I may have</p> <p>19 seen them, but I didn't have a copy of them.</p> <p>20 Q. Look at 207 through 239. Are these the</p> <p>21 only materials you have related to the 2019 McDonald</p> <p>22 article on correlative polarized light and scanning</p> <p>23 electron microscopy for the assessment of talc in</p> <p>24 pelvic regional lymph nodes?</p> <p>25 A. Yes. This is the paper that was submitted.</p>

Page 89

1 Q. And Bates 240 through 258, is this the
2 Johnson paper submission?

3 A. This looks like a -- the Johnson paper that
4 -- and I was adding some comments in red. I think
5 those are my comments.

6 Q. And then Bates 259 through 286, is that an
7 additional draft of the Johnson paper?

8 A. Yes.

9 Q. Do you know whose redlining comments those
10 are?

11 A. I suspect they're mine.

12 Q. You can put that document to the side.
13 Going back to the Request for Production No. 2, the
14 last page. We were looking at No. 5. It refers to
15 First Request for Production No. 4, "Produced
16 herewith, Bates numbered TalcMDL," dash, "Godleski,"
17 dash, "000287 to 000340."

18 MR. HEGARTY: I'll mark that set of
19 documents as our next exhibit, Exhibit 74.

20 (Document Bates-labeled TalcMDL-
21 Godleski-000287 to 000340, Exhibit 74, marked)

22 Q. I don't know who stapled those. They
23 stapled them on the other side. But what are these
24 two presentations?

25 A. This is a presentation that I gave.

Page 91

1 287 to 326 -- is the second page the only disclosure
2 you provided at that presentation?

3 A. Yes.

4 Q. Look at page -- Bates page 298. There's a
5 reference on that page to a talc miners study. Have
6 you continued to keep yourself up to date on the
7 studies looking at talc miners, millers, and
8 diseases in those workers?

9 A. I haven't looked at it recently.

10 Q. Please look over at 310. That's Bates 310.
11 Are you there?

12 A. Yeah.

13 Q. You have percentages of the cases that
14 you've reviewed that identify, for example, the
15 lymph nodes taken during surgery that had
16 birefringent particles that had no identifiable
17 talc, that had anywhere from 1 to 300 talc particles
18 in four tissue blocks. How did you come up with
19 these percentages?

20 A. From the data that we have, had collected.
21 And I had -- I had pulled it together for the FDA
22 meeting.

23 Q. Do you actually have your data broken out
24 where you can calculate numbers like this by
25 percentages?

Page 90

1 Q. Let me break that down. There's a
2 presentation that's Bates 287 to 326, then a
3 presentation from 327 to the end.

4 Is the first presentation or -- let me
5 start over again.

6 Where is -- where did you give the first
7 presentation?

8 A. I think this was the New England Society
9 for Microscopy.

10 Q. When did you give that presentation, if you
11 can recall?

12 A. It's in my CV.

13 Q. And then the second presentation is the one
14 we talked about the last time? That was your
15 presentation to FDA?

16 A. Yes.

17 Q. In your presentation to the FDA, did you
18 read off of a statement?

19 A. Did I what?

20 Q. Did you read from a statement that you
21 wrote --

22 A. No.

23 Q. -- to present to FDA?

24 A. No.

25 Q. In the first presentation -- Bates range

Page 92

1 A. Yeah. I went -- for the FDA meeting, I
2 went through all of our data and had the -- I had --
3 I provided a table that -- summary of our experience
4 with talc and asbestos in pelvic tissues of patients
5 with perineal exposure. That's 338. And this is
6 kind of a summary of that.

7 Q. Understood. But what did you have to look
8 at to come up with these percentages?

9 A. I looked through all the data of the cases
10 that we had.

11 Q. How long did it take you to look through
12 the data to come up with these percentages, if you
13 can recall?

14 A. Oh, I spent several days on the talk for
15 the FDA. And so these were -- this talk that's
16 listed first -- I don't know. I'd have to check my
17 CV. But I'm sure it was given after the -- if it
18 wasn't given after the FDA talk, it was just before.

19 Q. You can put that document aside. I want to
20 mark next an article, just ask you if you're
21 familiar with it.

22 (Article by T. Emi, Exhibit 75, marked)

23 Q. I marked as Exhibit No. 75 an article with
24 the first author of Emi. Are you familiar at all
25 with this article?

Page 93

1 A. No. I learned about this article when you
2 asked about it.
3 Q. You had no involvement in its preparation?
4 A. None whatsoever.
5 Q. Okay. Thank you. You can put that aside.
6 MR. DEARING: I am curious about what
7 your interest is in that article. We got so many
8 questions about it.
9 Q. With regard to the McDonald article on
10 correlative polarized light, that was published in
11 the journal of Ultrastructural Pathology?
12 A. Yes.
13 Q. You previously testified that the names of
14 the plaintiffs -- I'm sorry -- the names of the
15 patients that are in that study are available to
16 you; is that correct?
17 A. Yes. That's how we were able to get all
18 the billing.
19 Q. You also had previously testified that you
20 invoiced at least some of your work in reviewing
21 information on some of the patients reported in the
22 articles as part of your litigation work. Are those
23 the invoices you provided?
24 A. Yes.
25 Q. With regard to the second -- well, one of

Page 94

1 the other McDonald papers --
2 MR. HEGARTY: I'll go ahead and mark it
3 as Exhibit 76.
4 (Article titled "Magnesium/silicon
5 atomic weight percent ratio standards for the tissue
6 identification of talc by scanning electron
7 microscopy and energy dispersive X-ray analysis,"
8 Exhibit 76, marked)
9 Q. It's the "Magnesium," slash, "silicon
10 atomic weight percentage ratio standards for the
11 tissue identification of talc by scanning electron
12 microscopy and energy dispersive X-ray analysis."
13 If you turn over to page 251, do you see on -- tell
14 me when you're there.
15 A. Okay.
16 Q. Do you see, on the right-hand side, you
17 wrote down the particle size range from 2 to 70
18 microns?
19 A. Yes.
20 * Q. Do you have documented anywhere the
21 percentage of talc particles that fall within that
22 range?
23 MR. DEARING: Will you read back the
24 last question?
25 Q. Did you understand the question,

Page 95

1 Dr. Godleski?
2 MR. DEARING: Let her read back.
3 * (Question read back)
4 Q. What I mean is that were 5 microns or 10
5 microns, that were 20 microns? What percentage fell
6 across the various micron sizes between 2 and 70?
7 A. I thought there was a figure. It may be in
8 supplemental data, but it was a distribution like
9 this one of the magnesium-silicon ratio.
10 Q. You're pointing to Figure 5?
11 A. Yeah. But there's a distribution
12 somewhere. It may be in the -- in supplemental
13 data.
14 Q. Please turn over to the "discussion"
15 section on page 256.
16 A. Okay.
17 Q. Do you see, about halfway down, there's a
18 statement that says "The common sizes of talc
19 particles found within human pelvic tissues overlaps
20 with but is typically smaller than the particle size
21 range found in talc powder material intended for
22 consumer sale for hygiene use. The likely reason is
23 that smaller talc particles are the ones that most"
24 -- "that" -- "the ones thought most able to gain
25 access to reproductive tract space or especially

Page 96

1 into small submucosal lymphatics when applied to the
2 perineum." Do you see where I'm reading?
3 A. Yes.
4 Q. Do you have any published authority for
5 that second statement where you comment on the
6 likely reason for the smaller talc particles seen?
7 A. No. That's our best estimate of why
8 they're smaller.
9 Q. Are you saying in the couple sentences that
10 I read that the particles that you're finding in
11 tissue are typically smaller than the ones that you
12 looked at in this study?
13 A. Yes. Slightly smaller and that although
14 the Johnson paper suggests they're similar size,
15 this -- the other thing is that we're talking about
16 the different sources of -- yeah. This was Johnson
17 & Johnson.
18 Q. I'm sorry. Did you finish the answer?
19 A. Huh?
20 Q. Did you finish your answer?
21 A. Yeah.
22 Q. On the right-hand side, there's a reference
23 to the standard deviation you applied --
24 A. Yes.
25 Q. -- as it relates to the talc particles

Page 97

1 you're looking for.

2 A. Yes.

3 Q. And that's -- you use -- did you use the
4 same measure as you do in your reports? Or is this
5 a different measure?

6 A. I'm sorry?

7 Q. Do you -- are you talking about the same
8 measure here that you used in your reports for the
9 MDL?

10 A. Okay. Yes, in terms of it being the
11 spectrum and the atomic weight percent. What we've
12 done here is looked at one and two standard
13 deviations.

14 Now, usually, two standard deviations is
15 acceptable for identification of a material. And
16 the fact that our 5 percent is much closer to one
17 standard deviation suggests that this is a very
18 conservative measure.

19 Q. We talked about in some of the cases your
20 finding of tremolite or tremolite particle or
21 tremolite fiber.

22 A. Yeah.

23 Q. Have you done an analysis looking at the
24 acceptable standard deviation from tremolite as you
25 just -- as you have done for talc?

Page 99

1 described?

2 A. About ten years ago at least.

3 Q. Have you ever done any formal analysis for
4 standard deviation for tremolite as you did for
5 talc?

6 A. No. I don't think we ever did exactly the
7 same thing.

8 Q. Did you come up with a plus or minus 5
9 percent for tremolite based on what you did with
10 talc?

11 A. No. No. We have not done that.

12 Q. But in terms of when you're finding
13 tremolite in the cases you're working on, did you
14 come up with a plus or minus 5 percent deviation
15 using the same standard that you used for talc?

16 A. We usually use 5 percent.

17 Q. We talked last time about the McDonald
18 migration-of-talc-from-the-perineum study. I'd
19 asked you at another deposition whether you had ever
20 communicated with plaintiffs' counsel about that
21 paper before it was published. And you said that
22 once it was accepted, you would have sent it to
23 Mr. Dearing. Did you look -- did you ever look for
24 that correspondence?

25 A. No.

Page 98

1 A. I know labs use different amounts. Some
2 use as much as 10 percent variation. We generally
3 also use 5 percent for tremolite. But that, again,
4 is a very conservative measure.

5 Q. In one of your papers, you actually looked
6 at talc particles and compared it to what you were
7 seeing in tissue to determine whether your standard
8 deviation was appropriate; correct?

9 A. Yes.

10 Q. Did you do that for tremolite, or have you
11 ever done it for tremolite or any form of asbestos?

12 A. We have a bottle of asbestos that is --
13 that was sold by Fisher Scientific probably about 40
14 or 50 years ago that we happened to buy at an
15 auction. And we actually looked at it, and it turns
16 out it was all tremolite in this bottle.

17 And I know we have done some analysis with
18 it. I'm not sure that we've ever then taken that
19 data and determined the standard deviation exactly
20 the same way as we did here. We keep that well
21 secured, obviously. However, it ended up in a
22 notch. And I had no idea

23 Q. When did do you that analysis?

24 A. Huh?

25 Q. When did you do the analysis you just

Page 100

1 Q. You also testified previously that you had
2 trouble getting the blocks for the control patients
3 in this study. Did you look for any communication
4 about this from Brigham and Women's Hospital?

5 A. No.

6 Q. You've also testified previously that you
7 may have corresponded in writing with the attorneys
8 for the patients to get more information about their
9 prior surgeries. Do you remember telling me that?

10 A. Yes.

11 Q. Did you look for any such correspondence?

12 A. No.

13 Q. You also indicated that you would still
14 have documentation of particle counts for this
15 paper. Did you look for those -- that
16 documentation?

17 A. No.

18 Q. You had also testified previously that you
19 had a detailed protocol for the Campion paper. Do
20 you remember telling me that?

21 A. I have what?

22 Q. You had testified that there was a very
23 detailed protocol for the Campion paper before you
24 -- as part of your work on it. Do you remember
25 telling me that?

Page 101	Page 102
<p>1 A. Yes.</p> <p>2 Q. Do you still have that protocol?</p> <p>3 A. Possibly. I really don't know.</p> <p>4 Q. At one of the depositions, you testified</p> <p>5 that you were working with Dr. Cramer on a study to</p> <p>6 measure inflammation in relation to particles in the</p> <p>7 female genital tract. Do you remember talking about</p> <p>8 that with me?</p> <p>9 A. Vaguely.</p> <p>10 Q. Has anything been done in the last five</p> <p>11 years to move that work along?</p> <p>12 A. No.</p> <p>13 Q. In the PowerPoint presentation we just</p> <p>14 talked about where you talked about the 170-plus</p> <p>15 patients whose tissue you reviewed -- do you</p> <p>16 remember looking at that?</p> <p>17 A. Yes.</p> <p>18 Q. Were those all consultations between you</p> <p>19 and attorneys in cases involving patients --</p> <p>20 A. Yes.</p> <p>21 Q. -- with ovarian cancer? Did you find talc</p> <p>22 in all 170 or more patients' tissues?</p> <p>23 A. No. We, in fact, had the data that said</p> <p>24 that about -- there were a percentage that we didn't</p> <p>25 find birefringent particles. And then -- and those</p>	<p>1 that we found birefringent particles, I think it was</p> <p>2 10 percent that we didn't find talc.</p> <p>3 Q. That's 310? That is Bates No. 310 is where</p> <p>4 you were referencing?</p> <p>5 A. Yes.</p> <p>6 Q. The third bullet point is saying how many</p> <p>7 -- what percentage of patients --</p> <p>8 A. Yeah. 21 percent didn't have birefringent</p> <p>9 particles. So it was below the level of detection.</p> <p>10 Then of those cases with birefringent particles on</p> <p>11 light microscopy, there are no identifiable talc by</p> <p>12 EDX in just under 10 percent of the cases.</p> <p>13 Q. It's your understanding, as to those 10</p> <p>14 percent of cases, those were also women who at least</p> <p>15 contacted a lawyer about their use of talcum powder</p> <p>16 and developing ovarian cancer.</p> <p>17 A. That's correct.</p> <p>18 Q. I want to next mark as Exhibit 77 your</p> <p>19 article with Dr. Sato.</p> <p>20 A. Yeah.</p> <p>21 (Article titled "Analysis of particles</p> <p>22 from hamster lungs following pulmonary talc</p> <p>23 exposures: implications for pathogenicity,"</p> <p>24 Exhibit 77, marked)</p> <p>25 Q. This article did not involve looking at any</p>
Page 103	Page 104
<p>1 reproductive or ovarian tissue; correct?</p> <p>2 A. That's correct.</p> <p>3 Q. It looked at hamster lung tissue.</p> <p>4 A. Yes.</p> <p>5 Q. This was a -- looking back at another study</p> <p>6 that had been done; is that correct?</p> <p>7 A. That's correct.</p> <p>8 Q. If you look in the "results" section, the</p> <p>9 first line says that "SEM/EDX analyses" -- this is</p> <p>10 on the first page. Says "SEM/EDX analyses showed</p> <p>11 that asbestos fibers, quartz, and toxic metal</p> <p>12 particulates were below the level of detection."</p> <p>13 Does that mean they were not detected?</p> <p>14 A. Yes.</p> <p>15 Q. Please look over at page 5 of 16. Are you</p> <p>16 there?</p> <p>17 A. Yes.</p> <p>18 Q. In the right-hand column, first full</p> <p>19 paragraph at the end, your study reported finding</p> <p>20 that in some of the tissue you looked at, you did</p> <p>21 see multinucleated giant cells. That's a foreign-</p> <p>22 body response; correct?</p> <p>23 A. Yes.</p> <p>24 Q. That was in response to a talc particle; is</p> <p>25 that correct?</p>	<p>1 A. Yes.</p> <p>2 Q. And you look at the bottom of that part of</p> <p>3 the paper, the paragraph begins "Table 3." In the</p> <p>4 first few lines, are you saying that the majority of</p> <p>5 particles that you analyzed were less than 6</p> <p>6 microns?</p> <p>7 A. Where are you?</p> <p>8 Q. I'm at the bottom paragraph on the right-</p> <p>9 hand column. Are you saying in the first several</p> <p>10 lines there that the majority of the particles that</p> <p>11 you analyzed were less than 6 microns?</p> <p>12 A. Yes.</p> <p>13 Q. And that particles greater than 6 microns</p> <p>14 were uncommon and ranged from 2 percent to 3.7</p> <p>15 percent?</p> <p>16 A. Yes.</p> <p>17 Q. Looking over to the next page. In the</p> <p>18 figures, you report a giant cell forming; is that</p> <p>19 correct?</p> <p>20 A. Yes.</p> <p>21 Q. Did you record to what size particle that</p> <p>22 giant cell formed as to?</p> <p>23 A. Looks like there are a few fibers within</p> <p>24 it.</p> <p>25 Q. Do you record the size of the fiber?</p>

Page 105

1 A. Well, we have a marker of size. Let's see.
2 It's -- a bar on each image represents 10
3 micrometers. So it looks like the one fiber in that
4 giant cell is almost 10 micrometers.
5 Q. In response to that 10-micrometer fiber,
6 there was a giant cell generated; correct?
7 A. Yeah. There's a multinucleate giant cell
8 with several particles in it, but there's at least
9 one fiber that's 10 microns.
10 Q. Please look over at pages -- page 11 of 16.
11 You see the second paragraph on the right-hand
12 column, Dr. Godleski, that says "The International
13 Agency for Research on Cancer"? Right here.
14 A. Where are we? Okay. Yeah.
15 Q. That part of your study says "The
16 International Agency for Research on Cancer -- IARC
17 -- lists talc containing asbestiform fibers defined
18 by IARC as talc containing mineral fibers as
19 asbestiform in their mineral habit, not talc
20 containing asbestiform" -- "asbestos as a Class 1
21 carcinogen." Did I read that correctly?
22 A. Yes.
23 Q. That's an accurate statement; correct?
24 MR. DEARING: You didn't read it
25 correctly. You transposed two words.

Page 107

1 Q. Who is the principal author?
2 A. Dr. McDonald.
3 Q. Are you aware of any documentation about
4 how much funding was used for this article, in other
5 words, how much it cost to create?
6 A. I have no idea.
7 Q. Was there any --
8 A. Dr. McDonald is salaried. Dr. Fan is
9 salaried. And I'm salaried. So we didn't keep the
10 -- didn't keep time of what we were doing.
11 Q. On this article and the other articles
12 we've been talking about that you've done the last
13 several years looking at particles in reproductive
14 tract tissue, do you start each of the papers with a
15 protocol, that is, a written protocol?
16 A. In a paper like this where we're describing
17 five cases, it's not a matter of protocol. It's a
18 matter of the proper description of the cases. So
19 no, I wouldn't say we had a protocol for it. It's
20 not like we're doing an experimental study.
21 Q. On any of the five or six articles we've
22 been talking about, did you have any communication
23 with any attorneys for plaintiffs while the article
24 was being prepared and written and submitted?
25 A. No.

Page 106

1 MR. HEGARTY: Which two words did I
2 transpose? Let me do it again.
3 Q. That part of the paper reads "The
4 International Agency for Research on Cancer-- IARC
5 -- lists talc containing asbestiform fibers," paren,
6 "defined by IARC as talc-forming mineral fibers that
7 are asbestiform in their mineral habit, not talc
8 containing asbestos," closed paren, "as a Class 1
9 carcinogen." Did I read that correctly?
10 A. Yes.
11 Q. Is that your understanding of what -- of
12 the IARC's classification?
13 A. Yes.
14 MR. HEGARTY: Let's go off the record.
15 (A break was taken)
16 MR. HEGARTY: Back on the record.
17 Q. Please look again at the McDonald migration
18 of talc study. What was your involvement in
19 preparing this article?
20 A. I discussed it, laid it out with
21 Dr. McDonald. We had a lot of discussions about it
22 all the way through, having helped her to choose the
23 images, suggested some of the cases that she
24 consider using, and then reading and overseeing the
25 final article.

Page 108

1 Q. Did you share any drafts or commune -- or
2 information about the articles with any --
3 A. No.
4 Q. -- attorney for plaintiffs? Do you know
5 whether any of the five plaintiffs we talked about
6 in the MDL are included in any of the articles we've
7 been talking about?
8 A. I really don't know the answer to that.
9 Q. Going to mark as Exhibit 78 your Johnson
10 article.
11 (Article titled "Analytic comparison of
12 talc in commercially available baby powder and in
13 pelvic tissues resected from ovarian carcinoma
14 patients," Exhibit 78, marked)
15 Q. Who is the lead author of this article?
16 A. Kurt Johnson.
17 Q. What was your role?
18 A. I was the senior author and provided the
19 comparisons with the human tissue. He did the work
20 characterizing the talcum powder samples.
21 Q. If you look over at the second page under
22 the section "resected tissue from ovarian carcinoma
23 patients" --
24 A. Yes.
25 Q. -- in the first part of that, are you

Page 109	Page 110
<p>1 describing that all of the patients studied were</p> <p>2 patients from -- whom you became aware of or had</p> <p>3 information about from attorneys representing them</p> <p>4 in cases involving talcum powder use and ovarian</p> <p>5 cancer?</p> <p>6 A. Yes.</p> <p>7 Q. Are you able to, if you needed to, identify</p> <p>8 the patients that you're talking about in this</p> <p>9 study?</p> <p>10 A. Yes. We went back and identified those</p> <p>11 patients, and their billing was included in the</p> <p>12 materials that we gave you.</p> <p>13 Q. If you look at the very bottom paragraph on</p> <p>14 the right-hand side of the same page we were looking</p> <p>15 at, do you see where there's a reference to removing</p> <p>16 30 microns of tissue from the blocks prior to their</p> <p>17 analysis? Do you see that?</p> <p>18 A. Yes.</p> <p>19 Q. Do you recall, in your reports that we</p> <p>20 looked at, you referred to removing 50 microns of</p> <p>21 tissue? Do you remember that?</p> <p>22 A. Yes.</p> <p>23 Q. Why the difference?</p> <p>24 A. We often say "30 to 50." It's an estimate.</p> <p>25 What we're -- you can never put a block on -- back</p>	<p>1 on a microtome in exactly the same position that it</p> <p>2 was the last time it was cut. So as you start</p> <p>3 cutting, you may be a little bit different from the</p> <p>4 last time.</p> <p>5 And so as you cut, you'll start often with</p> <p>6 a portion of the, you know -- if previously it was</p> <p>7 oriented this way and you orient it perfectly</p> <p>8 square, you're going to cut off the excess that was</p> <p>9 at the slight angle in the previous cut. And so</p> <p>10 depending on how much of that you take off, it can</p> <p>11 be 30 or 60.</p> <p>12 What we try to do is make sure we have</p> <p>13 several sections of the full face of the block</p> <p>14 that's cleared away so that we can say with</p> <p>15 certainty that we're beyond where any particles</p> <p>16 could have been placed on the surface or pushed into</p> <p>17 the surface by handling and so that we're at a point</p> <p>18 where any particles that we're studying were truly</p> <p>19 within that block.</p> <p>20 Q. What is the minimum amount of tissue you</p> <p>21 need to dissect off to feel comfortable that you're</p> <p>22 past contamination?</p> <p>23 A. At least 20.</p> <p>24 Q. Please look over at Table 2 on page 529.</p> <p>25 What is Table 2 showing?</p>
Page 111	Page 112
<p>1 A. It shows the 11 cases, the patients' age,</p> <p>2 the type of tumor, their anatomic stage, and what</p> <p>3 sites were used for the studies that were done.</p> <p>4 Q. What's reported on the very right-hand side</p> <p>5 -- the two columns on the very right-hand side?</p> <p>6 A. The average area of particles and the</p> <p>7 average aspect ratio of the particles.</p> <p>8 Q. Do you have any measurement in here of the</p> <p>9 micron size of the particles?</p> <p>10 A. Well, this is square -- no. We're</p> <p>11 reporting this as square microns so that it's an</p> <p>12 average area.</p> <p>13 Q. But did you record the -- somewhere --</p> <p>14 A. Yes.</p> <p>15 Q. If not here, did you record the micron</p> <p>16 size?</p> <p>17 A. I would think so, yes.</p> <p>18 Q. But this, as you mentioned, is measuring</p> <p>19 the surface area of the particle.</p> <p>20 A. Yes.</p> <p>21 Q. And if you look at the paragraph just below</p> <p>22 that figure, what are you describing in that</p> <p>23 paragraph just below the figure on the right-hand</p> <p>24 side?</p> <p>25 A. The aspect ratio, the area, and in general</p>	<p>1 what the shape of the particles were.</p> <p>2 Q. Please look over at page 530 on the right-</p> <p>3 hand column. Under the "analysis of talc particles</p> <p>4 in ovarian carcinoma" section, it reads "It was</p> <p>5 essential to gather morphological measurements on</p> <p>6 talc particles found in surgically resected tissues</p> <p>7 from ovarian carcinoma patients. All ovarian</p> <p>8 carcinoma patients had a substantial long-term</p> <p>9 exposure to either baby powder or Shower to Shower</p> <p>10 talc-containing products manufactured by Johnson &</p> <p>11 Johnson."</p> <p>12 Where did that information come from that's</p> <p>13 described in that portion of the document I just</p> <p>14 read?</p> <p>15 A. That information would have come from the</p> <p>16 fact that we had these patients that were involved</p> <p>17 in litigation.</p> <p>18 Q. Did you get information on each of the</p> <p>19 patients as to the frequency, duration, or volume of</p> <p>20 their actual use of baby powder or Shower to Shower?</p> <p>21 A. No.</p> <p>22 Q. So from your having these cases, you assume</p> <p>23 for purposes of your article that they all were --</p> <p>24 they all had substantial long-term exposure to</p> <p>25 either baby powder or Shower to Shower?</p>

Page 113	Page 114
<p>1 A. Yes.</p> <p>2 Q. You did not have actual data on what their</p> <p>3 exposures were.</p> <p>4 A. No.</p> <p>5 Q. Please look over at the last page of the</p> <p>6 article. Under the "financial support" section,</p> <p>7 says "Support for this study was provided by the</p> <p>8 authors." What does that mean?</p> <p>9 A. There was no funding of this study. No</p> <p>10 money was paid to do this study.</p> <p>11 Q. So was this study done on everyone's time</p> <p>12 for their -- for their employer?</p> <p>13 A. Yeah, basically.</p> <p>14 Q. And did you employ all these folks on this</p> <p>15 paper?</p> <p>16 A. No. Dr. Fan, Dr. McDonald, and I are</p> <p>17 employed by my company.</p> <p>18 Q. And who are Dr. Johnson and Dr. Popratiloff</p> <p>19 employed by?</p> <p>20 A. They're employed by George Washington</p> <p>21 University.</p> <p>22 Q. So is it your understanding that they did</p> <p>23 this work while -- as part of their employment for</p> <p>24 George Washington?</p> <p>25 A. Yes.</p>	<p>1 Q. No other funds except the -- what they were</p> <p>2 paid hourly or however they were paid were used for</p> <p>3 this paper?</p> <p>4 A. As far as I know.</p> <p>5 Q. And your -- was your time compensated in</p> <p>6 any way?</p> <p>7 A. No, not for any work. Well, as we've</p> <p>8 provided, any of these cases that were worked up as</p> <p>9 a legal case was paid for that work-up. The</p> <p>10 involvement of the -- that -- in this paper was not</p> <p>11 compensated in any way.</p> <p>12 MR. HEGARTY: Last article, last</p> <p>13 question. I'll mark it as Exhibit 79, Mandarin</p> <p>14 article.</p> <p>15 (Article titled "The effect of talc</p> <p>16 particles on phagocytes in co-culture with ovarian</p> <p>17 cancer cells," Exhibit 79, marked)</p> <p>18 Q. This is an article that studied mouse</p> <p>19 ovarian epithelial cells; is that correct?</p> <p>20 A. Yes.</p> <p>21 Q. Have you done any prior study that involved</p> <p>22 mouse cells?</p> <p>23 A. Yeah. I've done mouse studies before.</p> <p>24 Q. Have you done studies on mouse ovarian</p> <p>25 epithelial cells?</p>
Page 115	Page 116
<p>1 A. No.</p> <p>2 Q. What was your role in this paper?</p> <p>3 A. My role was basically to -- as senior</p> <p>4 author and really providing some of the ideas and</p> <p>5 the concepts for what was done. But this was mostly</p> <p>6 Dr. Fedulov and all the other authors on here other</p> <p>7 than myself.</p> <p>8 Q. This is a study that looks at gene</p> <p>9 expression response. Is that fair?</p> <p>10 A. Yes.</p> <p>11 Q. It doesn't show mutation of cells; correct?</p> <p>12 A. No. It shows gene responses.</p> <p>13 Q. Gene expression can change due to exercise;</p> <p>14 correct?</p> <p>15 A. Gene expression?</p> <p>16 Q. In an individual, a human, exercising can</p> <p>17 affect gene expression; correct?</p> <p>18 A. Much can affect gene expression.</p> <p>19 Q. Including exercise.</p> <p>20 A. Well, but if you have macrophages taking up</p> <p>21 particles, you're going to see some degree of gene</p> <p>22 expression.</p> <p>23 Q. Understood. I'm talking about just gene</p> <p>24 expression generally can be affected by exercise.</p> <p>25 A. Yes.</p>	<p>1 Q. Can be affected by stress.</p> <p>2 A. Yes.</p> <p>3 Q. Can be affected by an infection that the</p> <p>4 body has.</p> <p>5 A. Yes.</p> <p>6 Q. Can be affected by the process of eating;</p> <p>7 right?</p> <p>8 A. Yes. That's why you do in vitro studies.</p> <p>9 Q. If you look at the second page, do you know</p> <p>10 what talc dose was applied to the mouse cells?</p> <p>11 A. Must say in here somewhere, but I've not</p> <p>12 seen it yet.</p> <p>13 Q. That's the reason I ask. I couldn't tell</p> <p>14 when I read it what the dosage was that was applied</p> <p>15 and ask whether you could tell or whether you recall</p> <p>16 what dosage was applied.</p> <p>17 A. Oh, yeah. .1 to 20 micrograms per well. So</p> <p>18 there were multiple doses used. And they were --</p> <p>19 the highest dose was 20 micrograms per well or -- in</p> <p>20 dose response experiments and a dose of 10</p> <p>21 micrograms per well in all other situations.</p> <p>22 Q. Did you have any involvement in deciding</p> <p>23 what the dose would be for this study?</p> <p>24 A. No.</p> <p>25 Q. If you turn over to the very last --</p>

Page 117	Page 118
<p>1 second-to-last page, the funding part of the</p> <p>2 article. There's a reference at the end that says</p> <p>3 "Funding for JJG in his role in this research was</p> <p>4 provided through John J. Godleski, M.D., PLLC."</p> <p>5 Does that mean that that accounts for your time on</p> <p>6 this paper?</p> <p>7 A. Yeah.</p> <p>8 Q. Are you able to estimate how many hours you</p> <p>9 spent on this paper?</p> <p>10 A. No. No.</p> <p>11 Q. To your knowledge, the other funding for</p> <p>12 the paper is what is described in that paragraph?</p> <p>13 A. Is what?</p> <p>14 Q. Is it your understanding that the remaining</p> <p>15 funding for this paper is described in this</p> <p>16 paragraph?</p> <p>17 A. Yes.</p> <p>18 Q. Are you aware of any other funding?</p> <p>19 A. No.</p> <p>20 Q. Does this mean that you essentially paid</p> <p>21 for your own time?</p> <p>22 A. Yes.</p> <p>23 Q. Finally, look over at the second -- page</p> <p>24 just before that. The paragraph at the lower left-</p> <p>25 hand column says "In conclusion, our gene expression</p>	<p>1 did indicate both an outward effect."</p> <p>2 MR. DEARING: "In combination."</p> <p>3 MR. HEGARTY: "Induction" -- am I --</p> <p>4 MR. DEARING: You said "In conclusion."</p> <p>5 It says "In combination."</p> <p>6 MR. HEGARTY: I'm sorry. Thank you.</p> <p>7 Let me start over again.</p> <p>8 Q. "In combination, our gene expression data</p> <p>9 indicate both an outward effect, induction of</p> <p>10 releasable extracellular deleterious factors, as</p> <p>11 well as an internal effect, inhibition of important</p> <p>12 intracellular factors."</p> <p>13 Are you aware of any literature that has</p> <p>14 shown a link between the gene expression data</p> <p>15 reported here and ovarian cancer risk?</p> <p>16 A. I think what we're showing here is that</p> <p>17 there's an effect on the macrophages in their</p> <p>18 ability to inhibit the growth of cancer, and so</p> <p>19 that's the finding here. I'm not aware of other</p> <p>20 studies that have shown similar things, but that's</p> <p>21 not my area.</p> <p>22 Q. Are you aware of any studies that have</p> <p>23 shown an effect on macrophages as shown here and a</p> <p>24 link to ovarian cancer risks?</p> <p>25 A. Not that I'm aware of.</p>
Page 119	Page 120
<p>1 MR. HEGARTY: Okay. Let's go ahead and</p> <p>2 go off the record.</p> <p>3 (A break was taken)</p> <p>4 MR. HEGARTY: Back on the record.</p> <p>5 Dr. Godleski, I think I'm at my end of my time for</p> <p>6 your MDL deposition. I appreciate your time and</p> <p>7 attention. Thank you.</p> <p>8 THE WITNESS: Thank you.</p> <p>9 (Deposition concluded at 12:13 p.m.)</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 REPORTER'S CERTIFICATE</p> <p>2</p> <p>3 I, SONYA LOPES, Registered Professional</p> <p>4 Reporter and Notary Public in and for the</p> <p>5 Commonwealth of Massachusetts, certify;</p> <p>6 That the foregoing proceedings were taken</p> <p>7 before me at the time and place therein set forth,</p> <p>8 at which time the witness was properly identified</p> <p>9 and put under oath by me;</p> <p>10 That the testimony of the witness, the</p> <p>11 questions propounded, and all objections and</p> <p>12 statements made at the time of the examination were</p> <p>13 recorded stenographically by me and were thereafter</p> <p>14 transcribed;</p> <p>15 That the foregoing is a true and correct</p> <p>16 transcript of my shorthand notes so taken.</p> <p>17 I further certify that I am not a relative or</p> <p>18 employee of any attorney of the parties, nor</p> <p>19 financially interested in the action.</p> <p>20 I declare under penalty of perjury that the</p> <p>21 foregoing is true and correct.</p> <p>22 Dated this 30th day of April, 2024.</p> <p>23</p> <p>24 Sonya Lopes My Commission Expires:</p> <p>25 Notary Public October 28, 2027</p>